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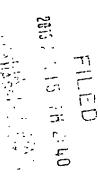
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVERLETTER

TO:	New Filing Section Division of Corporations	
SUBJF	cr: North FLorida Name of L	DOOR Installation Group LL imited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this (natter to the following:
	David Edge	Name of Person
		bassee FL 32309 City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For furth	ser information concerning this matter, plea	ase call:
	David Redd at (850) 320 36 - 38 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	,
]\$125.0	00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North FLocida door Installo (Must contain the words "Limited Liability Comp	pany, "L.L.C." or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Lit	mited Liability Company is:	
Principal Office Address:	Mailing Address:	
7477 CreekRidge Circle	7477 Creek Ridge circ	16
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: David Rudd Name 1477 Creek R	gent. You must designate an individual or	
Tallahassee FL City State	32309 - Zip	0.11:
laving been named as registered agent and to accept service of process foliace designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pum familiar with and accept the obligations of my position as registered at Registered Agent's S	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I	
(CONTINU	JED)	

Title: "AMBR" = Authorized	Name and Address: Member
"MGR" = Manager	Bank Salar
	David Edgeston Rude Ja
Magager	7477 creekRidge circle Tallanassee Flocida
	Inllanassee Hoxida
	- <u>- 7</u>
(Use attachment if nece	ssary)
E V: Effective date, if c	stary) other than the date of filing:
E V: Effective date, if cective date is listed, the of filing.) The date inserted in this	ther than the date of filing:
ective date is listed, the of filing.) The date inserted in this ment's effective date or	ther than the date of filing:
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EV: Effective date, if of filing.) The date inserted in this ment's effective date or. EVI: Other provisions,	ther than the date of filing:
E.V: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date or E.VI: Other provisions,	ther than the date of filing:
E.V: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date or E.VI: Other provisions,	ther than the date of filing:
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E V: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date or E VI: Other provisions, REOUIRED SIGNAT S This do I am as	ther than the date of filing:
E V: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date or E VI: Other provisions, REOUIRED SIGNAT S This do I am as	ther than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)