

L19000218742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

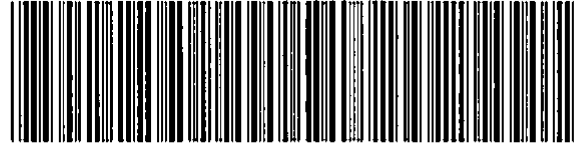
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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N. SAMS

SEP 03 2019

2019 SEP -6 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

JAY A COOK
6393 HIGHWAY 95A NORTH
MILINO, FL 32577 US

SUBJECT: ROOF FIT LLC
Ref. Number: W19000080877

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SECRETARY OF STATE
CALLAHAN/SEP 6 2019

You failed to make the correction(s) requested in our previous letter.

We have received your document for ROOF FIT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 419A00018210

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ROOFIT LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay A Cook

Name of Person

ROOFIT LLC

Firm/Company

6393 Highway 95A North

Address

Molino FL 32577

City/State and Zip Code

yukon33@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay A Cook

618

5816186

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 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, FL 32301

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SECRETARY OF
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROOF FIT LLC
Must contain the words "Limited Liability Company," "LLC," or "LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

6393 Highway 95A North Molino FL 32577

6393 Highway 95A North Molino FL 32577

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual (not a business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jay A Cook
Name

6393 Highway 95A North
Florida street address (P.O. Box NOT acceptable)
Molino FL 32577
City State Zip

I, having been named as registered agent and to accept service of process for the above stated limited liability company in this document designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Jay A Cook
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Just Changed
the spelling
from Roof IT TO

ROOF FIT
ATTN
ms
850-245-6804
SAMS

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2019 SEP -6 PM 3:08

2019 SEP -11 AM 8:09

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MEMBER" = Authorized Member

"MGR" = Manager

MGR

JAY A COOK

Name and Address:

194 A COOK
6293 Highway 95 North
MOBILE AL 36523

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STATE ARCHIVE
FILING OFFICE

FILED

(Use attachment if necessary)

ARTICLE V. Effective date, if other than the date of filing: 7-31-19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI. Other provisions, if any:

REQUIRED SIGNATURE:

Jay A Cook

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jay A Cook

Typed or printed name of signer

Filing Fees:

\$0.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$0.00 Certified Copy (Optional)

\$0.00 Certificate of Status (Optional)