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COVER LETTER

10: New Filing Section Division of Corporations			
SUBJECT: DOVMAN'S ROOFING LLC Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
tason Dorman			
Dorman's Roching LLC			
3572 Crystal Lake Dr Address			
Chipley FL 32+28 City/State and Zip Code Jasondorman 74 agreed. com E-mail address: (to be used for future annual report nonfication)			
For further information concerning this matter, please call:			
Jason Owman, 850, 819-9293 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Certified Copy	Certificate of Status &		
New Filing Section New F Division of Corporations Division P.O. Box 6327 Cliffor	Address illing Section on of Corporations of Building Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Dorman's	Roofing LLC
(Must contain the words "Limite	ed Liability Company, "LLC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:

Principal Office Address :	Mailing Address:
3572 Crystal Lake Dr Chiptey FL 32428	same,
Chiptey FL 32428	

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 or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Jason Dorman

Name

3572 Crystal Lake Dr

Florida street address (P.O. Box NOT acceptable)

Chipley FL 32428

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Majagage (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

Typed or printed name of signee

Filing Fees:

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

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

the document's effective date on the Department of State's records.