L19000239926

(Requestor's Name)
(Address)
(Address)
(C) (C) (C) (C) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.



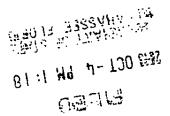


700335404887

10/04/19--01021--009 **125.00

19月7-1 墨三日

0CT 0 4 2019



. r

TO: New Filing Section Division of Corporations
SUBJECT: Roy S Exherior Solutions 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: 4938 Rythenia Laymond Adcox
Tallahassee FL 32305
Address
City/State and Zip Code Ray Mand, ascax Blo Com (i-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ray mondAlcat at (850) 300 - 8199 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	T	(C	L	E	í	_	`	:1	m	e	:
---	---	---	----	---	---	---	---	---	----	---	---	---

The name of the Limited Liability Company is:

Ray's Exterior Solutions LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
4938 Ruthonia Rd.	4738 Kutheau Rd.	
19/10hessee 1/4 32305	Tallahassee 11. 32305	

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:

Raymond Adox

4938 Ruthenga Rd.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32385

City State Z

liaving 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)

289 OCT - 4 PM 1:1

The name and address of each p	person authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Membe "MGR" = Manager	Raymond Adoox
AmBR	Shance Brumlyg 5018 Sanay Way Jullahassec fl. 32305
(Use attachment if necessary)	
If an effective date is listed, the date make date of filing.)	n the date of filing:
ARTICLE VI: Other provisions, if any,	
REOUIRED SIGNATURE:	nond Adrox
Signatu This documen I am aware tha	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State pird degree felony as provided for in s.817.155. F.S. Ay mond Typed or printed name of signee
	Filing Frees

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

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