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COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	BAY BREEZE ROOFING & REMODELING, LLC
SODJECI	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	JAMES DAVIS
	Name of Person
	1st UNITED CRS, LLC
	Firm/Company
	327 HOLLOW CREEK LN
	Address
	HAVANA, FL 32333
	City/State and Zip Code
-	CC@UNITEDCRS.COM
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$25 125.00	Filing Fee Status S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lial	bility Company is:			
***************************************	OOFING & REMODELIN			
(Must c	onatin the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal of	office of the L	imited Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
254 WILLIAMS MERIDEN, CT 0			254 WILLIAMS STREET MERIDEN, CT 06450	
The name and the Florida str	eet address of the registere 1st UNITED CRS, I	LLC		
		Name		
	327 HOLLOW CRE	EK LN		
	Florida street addres	ss (P.O. Box 🔉	NOT acceptable)	
	HAVANE	FL	32333	
	City	State	Zip	
place designated in this certific further agree to comply with th	ate, I hereby accept the apper provisions of all statutes recobligations of my position	pointment as re relating to the p as registered of	for the above stated limited liability company at egistered agent and agree to act in this capacity, proper and complete performance of my duties, a agent as provided for in Chapter 605, F.S Signature (REQUIRED)	1

(CONTINUED)

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

R" = Authorized Member " = Manager RM	
RM JENNIFER RO	
RM JENNIFER RC 254 WILLIAM	
254 WILLIAM	CHETTE
MEDIDENI CO	S S I
MERIDEN, CI	<u></u>
M STEPHEN G. 1	
254 WILLIAM	
MERIDEN, CI	06450
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ttachment if necessary)	
Effective date, if other than the date of filing: Hate is listed, the date must be specific and cannot be (.) the inserted in this block does not meet the applicable s	more than five business days prior to or 90 c
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