## UU000003919

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

Office Use Only



900357162909

01/06/21--01002--007 \*\*125.00

2021 JAN -6 AM 11: 25

) i g

## COVER LETTER

TO: N	Sew Filing Secti Division of Corp	on orations			
		FESSIONAL ROOF	ING OF SOUT	i FLORIDA LLC	
SUBJEC	T:	Name of	Limited Liabili	ty Company	
The enclo	sed Articles of (	organization and fee(s	s) are submitted	for filing.	
Please ret	um all correspor	idence concerning thi	s matter to the f	ollowing:	
	KEVIN GRA	NSEE			
			Name of	Person	
	MIDDLETO	N & MIDDLETON,	P.A.		
			Fimi/Co	mpany	
	1437 MARK	ET ST			
			Addr	ress	
	TALLAHAS	SEE, FL 32312			
		LANGVALIOO CON	City/State ar	id Zip Code	
		IAN@YAHOO.COM		annual report notificati	on)
For furthe		ncerning this matter, I			
	KEVIN GRA	NSEE	850	815-0256	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	t is a check for th	he following amount:			
	.00 Filing Fee	□\$130.00 Filing F Certificate of State	is Certil	55.00 Filing Fee & Ted Copy nat copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address illing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
DADE PROFESSIO	NAL ROOFING OF SOU	th florii	DA LLC	
(Must con	tain the words "Limited Lia	bility Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street:	address of the principal offic	ce of the Li	nited Liability Company is:	
Princi	pal Office Address:		Mailing Ad	<u>ldress</u> :
1 10 1 NW 42 CT			1401 NW 43 ST	
1401 NW 43 ST MIAMI, FL 33142		- <del>-</del>	MIAMI, FL 33142	
another business entity with at The name and the Florida stree	et address of the registered a	gent are:	P.A	-
	1437 MARKET ST			
	Florida street address	(P.O. Box 2	OT acceptable)	-
	TALLAHASSEE _	FL	32312	_
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the appo- provisions of all statutes rel obligations of my position a	ating to the s registered	nroper and complete perform	nance of my duties, and i
		(CONTIN	UED)	

2021 JAN -6 AM 11: 25

<u>l'itle:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager		
MGR	MARIA ELENA LOPEZ	
MOR	1401 NW 43 ST	
	MIAMI, FL 33142	<del></del>
<u> </u>		
	<del></del>	
		<del></del>
		<del></del>
Use attachment if necessary)		
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department	e of filing:	r to or 90 days
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department	meet the applicable statutory filing requirements, this dat	r to or 90 days
ctive date is listed, the date must be sp	meet the applicable statutory filing requirements, this dat	r to or 90 days
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this dat	r to or 90 days
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a means of the date must be sp filled.	meet the applicable statutory filing requirements, this dat t of State's records.	r to or 90 days
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this dat t of State's records.  nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ee felony as provided for in s.817.155, F.S.	r to or 90 days e will not be li
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this dat t of State's records.  nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida se information submitted in a document to the Departmen ce felony as provided for in s.817.155, F.S.	e will not be li
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this dat t of State's records.  nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ee felony as provided for in s.817.155, F.S.	e will not be li
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this dat t of State's records.  nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ec felony as provided for in s.817.155, F.S.  Typed or printed name of signee	e will not be li
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  Signature of a m This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this dat t of State's records.  nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ce felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	statutes.
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree constitutes a third degree constitute of the constitute	meet the applicable statutory filing requirements, this dat t of State's records.  member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ec felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	statutes.
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  Signature of a m This document is exect 1 am aware that any fals constitutes a third degree.  \$125.00 Filing Fee for Articles of O	meet the applicable statutory filing requirements, this dat t of State's records.  member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ec felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	statutes.
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree constitutes a third degree constitute of the second constitutes of the secon	meet the applicable statutory filing requirements, this dat t of State's records.  member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ec felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	statutes.
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree constitutes a third degree constitute of the constitute	meet the applicable statutory filing requirements, this dat t of State's records.  member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Departmen ec felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	e will not be li