

7/14/2021

**L21000322581**

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SIP Framing, LLC**

Certificate of Status	<b>0</b>
Certified Copy	<b>1</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$155.00</b>

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of this limited liability company (the "Company") is **SIP Framing, LLC.**

**ARTICLE II - Address**

The mailing address of the principal office of the Company is:

111 Kelsey Lane, Suite A  
Tampa FL 33619

The street address of the principal office of the Company is:

111 Kelsey Lane, Suite A  
Tampa FL 33619

**ARTICLE III - Existence and Duration**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management**

The company shall be a manager-managed Company in accordance with the Operating Agreement of the Company. The initial manager of the Company and his address are:

James Corey Donahue  
111 Kelsey Lane, Suite A  
Tampa FL 33619

**ARTICLE V – Registered Agent**

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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*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, Florida Statutes.*

C T Corporation System

By: Stephanie Hencz  
Name: Stephanie Hencz  
Title: Assistant Secretary

**REQUIRED SIGNATURE:**

  
James Corey Donahue  
Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)