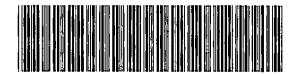
L22000086992

(Requestor's Name)	
(Address)	_
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
	_
Special Instructions to Filing Officer:	Ī
	1
	ļ
<u> </u>	_

Office Use Only



300380780413

01/04/22--01011--019 **150.00

7022 J. W. - 4 PH 4: 07

1 2/1/22

COVER LETTER

	ew Filing Section ivision of Corpo								
SUBJECT		ng Products LLC							
Name of Limited Liability Company									
The enclos	ed Articles of Org	anization and fee(s) are s	submitted	for filing.					
Please retu	ırn all corresponde	ence concerning this matt	er to the i	following:					
	Robert A. Mars	nall							
			Name of	Person					
	Robert A. Marsi	nali, PLC							
			Firm/Co	mpany					
	4965 U.S. High	way 42, Suite 1000							
			Addr	ess					
	Louisville, KY	10222							
		•	/State an	d Zip Code					
•		tmarshall-law.net ail address: (to be used fo	or future a	nnual report notification	on)				
For further i		ning this matter, please c			,				
	Robert A. Marsh	all 502 at (744-4410)					
	Name of			Daytime Telephone	Number				
England is	an abada faraba f	allanda - a - a - a - a							
_	s a check for the fo				5				
■3 123.00	Filing Fee C	1\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	<u>Mailing A</u>	ddress		Street Address					
	New Filing	Section		New Filing Section Di					
	Division o P.O. Box (f Corporations		The Centre of Tallaha 2415 N. Monroe Street					
		e, FL 32314		Tallahassee, FL 32301	•				

ROBERT A. MARSHALL, PLC

4965 U.S. HIGHWAY 42, SUITE 1000 LOUISVILLE, KENTUCKY 40222 (502) 855-3495 Fax (502) 855-4963 E-mail: bmarshall@robertmarsball-law.net

March 2, 2022

RE: General Building Products LLC L19000107462

Dear Ms. Culligan:

Please be advised that I am the attorney for General Building Products LLC. There is no intention of revoking the dissolution, and releasing the name for use to another entity.

Very truly yours,

Robert a. Mariano

Robert A. Marshall

RAM/jg

•		
ARTICLE I - Name:		27?? JAY -4 PM 4: 08
The name of the Limited Liability Company is:		· · · · · · · · · · · · · · · · · ·
		SSEE. FI
General Building Products LLC		388 8. F [[
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:	
The mailing address and street address of the principal office		
The mailing address and street address of the principal office Principal Office Address:	Mailing Address:	

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

Ryan E. Newman Name 1100 11th Street, Suite 401 Florida street address (P.O. Box NOT acceptable) Miami Beach FL 33139 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)

Title: "AMBR" = Autho		
"MGR" = Manage <u>MGR</u>		
	Miami Beach, FL 33139	J
		0.29
	ි දැන් දී 	 _
	——————————————————————————————————————	<u>:</u> ₹
		0 8
(Use attachment if	f necessary)	
effective date is listed ate of filing.) ; If the date inserted i	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days prior to or 90 days in this block does not meet the applicable statutory filing requirements, this date will not be lisate on the Department of State's records.	
(CLE VI: Other provis	•	
		- -
REQUIRED SIG	Cobert a. Wandoll	
J a	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, 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.	

Filing Fees:

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

Robert A. Marshall
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)