

U22000227361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

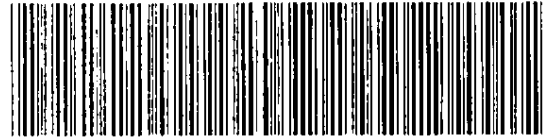
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/24/22--01025--004 **125.00

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2022 MAY 24 PM 2:56

2022 MAY 24 AM 10:47

ALLAHASSIE, FLEET

ANY OF STATE

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DEGANTE ROOFING, LLC

Signature

Requested by: SETH

05/24/22

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

2022 MAY 24 AM 10:48

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DEGANTE ROOFING, 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:

Roman Albano
Name of Person

Contractors Reporting Service Inc
Firm/Company

13795 N Nebraska Ave
Address

Tampa, FL 33613
City/State and Zip Code

info@activatemylicense.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roman Albano at (813) 932-5244
Name of Person Area Code Daytime Telephone Number

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2022 MAY 26 AM 10:48
CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEGANTE ROOFING LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1803 HEATHER AVE
TAMPA FL 33612

Mailing Address:

1803 HEATHER AVE
TAMPA FL 33612

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:

BRYAN DEGANTE

Name

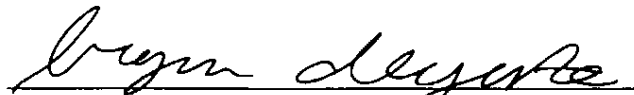
1803 HEATHER AVE

Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33612

City, State, and 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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 MAY 24 AM 10:48
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TAMPA OFFICE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

AMBR

BRYAN DEGANTE

1803 HEATHER AVE

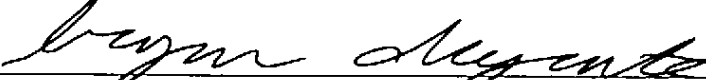
TAMPA, FL 33612

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BRYAN DEGANTE

Typed or printed name of signee

2022 MAR 22 AM 10:48
FILED
CLERK OF STATE
OFFICE OF THE
CLERK OF STATE
TAMPA, FLORIDA