

L22000316067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

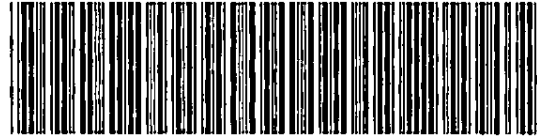
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700388596937

06/07/22--01034 -010 \$125.00

FILED

2022 JUN -7 PM 4:27

CLERK OF STATE
TALLAHASSEE, FLORIDA

file 6/7



Raymond M. Roberts, Esquire
412.338.1184
RMRoberts@rothmangordon.com

Licensed in Pennsylvania and Ohio

June 6, 2022

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

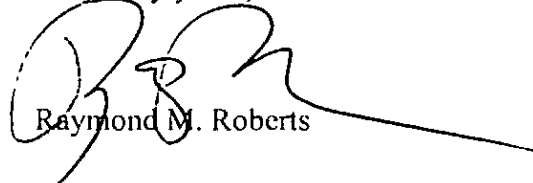
Re: RAIN ROOFING AND SOLAR FL, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of the above named entity, are Articles of Organization. A check of our firm in the amount of \$125.00 is included as payment of the filing fee.

Should you have any questions, or require any additional information to perfect this filing, please call me at 412-338-1184.

Very truly yours,



Raymond M. Roberts

RMR/sb
Enclosures

cc: Theresa Buck (theresa.buck@wolterskluwer.com)

4862-6487-8628, v. 1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RAIN ROOFING AND SOLAR, 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:

Raymond M. Roberts, Esq.

Name of Person

Rothman Gordon, PC

Firm/Company

310 Grant Street, Third Floor

Address

Pittsburgh, PA 15219

City/State and Zip Code

rmroberts@rothmangordon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond M. Roberts, Esq.

412

338-1184

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAIN ROOFING and SOLAR FL, LLC

(Must contain 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:

Mailing Address:

7950 Route 30

North Huntingdon, PA 15642

7950 Route 30

North Huntingdon, PA 15642

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

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..

C T Corporation System

Nichol McCroy
Registered Agent's Signature (REQUIRED)

Nichol McCroy, Assistant Secretary

(CONTINUED)

FILED
2022 JUN -7 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

George Rain
7950 Route 30
North Huntingdon, PA 15642

2022 JUN -7 PM 4:27
SULLY HARRIS STATE
TALLAHASSEE FLORIDA

FILED

(Use attachment if necessary)

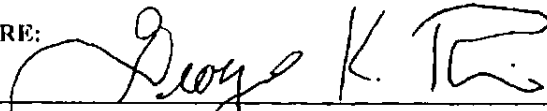
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.
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 s.817.155, F.S.

George Rain

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)