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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

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FLORIDA LIMITED LIABILITY CO. OLYMPUS ROOFING LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

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Corporate Filing Menu

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COVER LETTER

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

OLYMPUS ROOFING LLC

SUBJECT: 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:

.

GUSTAVO PINEDA PENALOZA

_____ Name of Person

.

Firm/Company

3289 KOKOMO RD

Address

...........

HAINES CITY, FL 33844

City/State and Zip Code

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

For further information concerning this matter, please call:

	GUSTAVOI	PINEDA PENALOZA	863)	242-7640				
	Nam		irea Code	Daytime Telephon	e Number		22	
Enclosed is	a check for th	be following amount:				-(;) ::::::::::::::::::::::::::::::::::::	100	• •
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	Tallah	assec, FL 32314	ר	allahassee, FL 3230	13			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume:

The name of the Limited Liability Company is:

OLYMPUS ROOFING 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:
3280 KOKOMO RD HAINES CITY, FL 33844	3280 KOKOMO RD HAINES CITY, FL 33844

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Linbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florido registration.)

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

	Name	
3280 KOKOMO RD		
Florida street address	s (P.O. Box <u>NOT</u> accept	plable)
Florida succet address HAINES CTTY	s (P.O. Box <u>NOT</u> acception of the second seco	ptable) <u>33844</u>

Having been named as registered agent and in 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 volating to the proper and complete performance of my duties, and l um 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)

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ARTICLE IV-

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

MGR = Menager GUSTAVO PINEDA PENALOZA MBR GUSTAVO PINEDA PENALOZA MBR HAINES CITY, EL 33844 MBR JACOB AARON NEWBERRY 151 AVERY DRIVE EAST AUBURNDALE FL 33823 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) *ffective date is listed, the date must be apecific and cannot be more than five business days prior to or 90 days a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this dato will not be licument's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member	Name and Address:	
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