

1/23/23, 12:18 PM

Division of Corporations
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Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6381

From:

Account Name : CANYON VIEW SYSTEMS, LLC
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Phone : (877)757-9877
Fax Number : (888)364-3940

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

Email Address: overthattoo@gmail.com

FLORIDA LIMITED LIABILITY CO.

Keith the Roofer, LLC

Certificate of Status	1
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COVER LETTER

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

SUBJECT: Keith the Roofer, 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:

Keith E. Story

Name of Person

Keith the Roofer, LLC

Entity

5313 17 Avenue South

Address

Gulf Port, FL 33707

City/State and Zip Code

overthaitou@gmail.com

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

For further information concerning this matter, please call:

Keith E. Story at (727) 768-5140
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Keith the Roofer, 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:**5313 17 Avenue SouthGulf Port, FL 337075313 17 Avenue SouthGulf Port, FL 33707**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

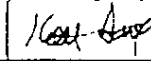
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Keith StoryN/A5313 17 Avenue SouthFlorida street address (P.O. Box **NOT** acceptable)Gulf PortFL33707CityStateZip

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 **his** 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.**

DocuSigned by:

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

