123090110596

(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:				

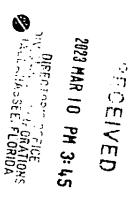
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COS Cofing 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.
Steven Lyons Name of Person
Name of Person
SOS Rocfing Fire Company
Firm Company
1014 Wild Dunes Daddress
Address
Wilmington, NC 28411
Wilmington, NC 28411 City State and Zip Code 8 teven. Lyons P cos-roofs. com
E-mail address, (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Park is Aca Code Daving Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount.
D\$125.00 Filing Fee
Mailing Address Street Address
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: e name of the Limited Liability Cor	npany is:			
•	SOS Roofi	the LLC	,	
(Must contain the	e words "Limited Lie	atvily Company.	, "L. L.C.," or "LLC.")	
CTICLE II - Address: e mailing address and street address	s of the principal offi	ice of the Limited	Liability Company is:	
<u>Principal Of</u>	lice Address:		Mailing Addres	<u>ss</u> :
1014 Wild Dun	25 C 78411			
EFICLE III - Registered Agent, R Le Lamited Liability Company cannother business entity with an active	ot serve as its own R	egistered Agent.		vidual or
e name and the Florida street address	ss of the registered a	gent are:		
	Arve	1 Libras		
	1615 U	Name	0.	
	1615 V	boodward	<i>St.</i>	
Flo	orida street address (P.O. Bex <u>NOT</u> a	cceptable)	
	Orlando	1-H	32 8 03	
	City	State	Zip	
ang been named as registered agent slessgnated in this vertificate, I here we agree to comply with the provisional that with and accept the obligation	chy accept the appoin my or all statutes rela	nt non as register (i so to the proper (cgss)) dagers	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I
	_	-		

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Steven hypres
MGR	Michael Mastrangelo 104 Wild Dunes - Wilmington, NC 28411
the date of filing.)	be specific and cannot be more than five business days prior to or 90 days attended the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Auß
This document is of I am aware that any	f a member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for m's 817.155, F.S. Typed or printed name of signee
\$125.00 Filing Fee for Articles (\$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (C	