

6/26/23, 9:32 AM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : TAX SAVERS
 Account Number : I20150000107
 Phone : (941)625-1925
 Fax Number : (941)625-1526

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

Email Address: buddyroberts@yahoo.com

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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FLORIDA
DEPARTMENT OF
STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

Buddy's Custom Windows and Door's, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUDDY'S CUSTOM WINDOWS AND DOOR'S, 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:

**2760 BLUESTONE DRIVE
DELTONA, FL 32738**

Mailing Address:

**2760 BLUESTONE DRIVE
DELTONA, FL 32738**

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:

ALFRED ROBERTS

Name

2760 BLUESTONE DRIVE

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

DELTONA

FLORIDA

32738

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..

Alfred L. Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

ALFRED ROBERTS
2760 BLUESTONE DRIVE
DELTONA, FL 32738

AMBR

ANTHONY AIVAZIS
2760 BLUESTONE DRIVE
DELTONA, FL 32738

AMBR

KEVIN ROBERTS
2760 BLUESTONE DRIVE
DELTONA, FL 32738

AMBR

JOSEPH ROBERTS
2760 BLUESTONE DRIVE
DELTONA, FL 32738

(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
ANY AND ALL LAWFUL BUSINESS

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REQUIRED SIGNATURE:

Alfred L. Roberts

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.

ALFRED ROBERTS

Typed or printed name of signee

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)