

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000411361 3)))



H230004113613ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED

2023 DEC -1 PM 4:32

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SHORE TO SHORE WINDOW & DOOR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED  
DIV OF STATE  
LAHASSEE, FL

2023 DEC -1 PM 3:49

FILED

T. MATTHEWS

((H23000411361 3)))

2023 DEC -1 PM 3:49

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
COUNTY OF STATE  
ALLAHASSEE, FL

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SHORE TO SHORE WINDOW & DOOR, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE  
LIMITED LIABILITY COMPANY IS:

16924 MIST MOOR LANE  
SPRING HILL, FLORIDA 34610

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF  
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS.

STEVEN BARRON  
16924 MIST MOOR LANE  
SPRING HILL, FLORIDA 34610

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, FLORIDA STATUTES.

DATED: 11/30/23

X *Steven barron*  
STEVEN BARRON

((H23000411361 3)))

(((H23000411361 3)))

ARTICLE IV – MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS:

BARRON ENTERPRISES, INC.  
16924 MIST MOOR LANE  
SPRING HILL, FLORIDA 34610

KOZLOWSKI FAMILY BUSINESS, INC.  
14352 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

DATED: 11/30/23

X Steven barron  
STEVEN BARRON,  
AUTHORIZED REPRESENTATIVE

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

(((H23000411361 3)))