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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

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Account#: 120000000088 For any issues please contact Chevanne Davis

Date: 06/2	7/2024	(850) 202-1882
Name:C	neyanne Davis	
Reference #:		
Entity Name:	THR ROOFI	NG LLC
	ncorporation/Authorization to Tra	
Amendment	t	
☐ Change of A	Agent	
Reinstateme	ent	777
Conversion		5.4.5.4.5.4.5.4.5.4.5.4.5.4.4.5.4.4.5.4.4.5.4.4.5.4.4.5.4
☐ Merger		.]
☐ Dissolution/	Withdrawal	
Fictitious Na	ame	
Other		
Authorized Amoun	t:\$125.00	
Signature:	Onymetres	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

For any issues please contact Cheyanne Davis 06/27/2024 Date: _ (850) 202-1882 **Cheyanne Davis** Name: ____ 2415730 Reference #: _____ THR ROOFING LLC Entity Name: __ Articles of Incorporation/Authorization to Transact Business ☐ Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name

F: 800.944.6607

Authorized Amount:

Signature: _____

Other_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

711 F			
THR ROOFING LL			
(Must cont	tain the words "Limited Li	iability Company	, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal off	ice of the Limite	d Liability Company is:
			2 Diagnity Company 15.
<u>Princip</u>	al Office Address:		Mailing Address:
412 BELLAIRE DR		412	BELLAIRE DR
COCOA FL 32922			COA FL 32922
		<u></u>	
The name and the Florida street a	address of the registered a	gent are:	
The name and the Florida street a	address of the registered a	gent are:	
The name and the Florida street a	KEVIN DELANEY	gent are:	
The name and the Florida street a	KEVIN DELANEY	vame	
The name and the Florida street a	KEVIN DELANEY	Name RBOR DR	cceptable)
The name and the Florida street a	KEVIN DELANEY	Name RBOR DR	
The name and the Florida street a	KEVIN DELANEY 1463 NEWFOUND HA Florida street address (1	Name RBOR DR P.O. Box NOT a	cceptable) 32952 Zip
Having been named as registered as place designated in this certificate, i further agree to comply with the pro	KEVIN DELANEY 1463 NEWFOUND HA Florida street address (i MERRITT ISLAND City gent and to accept service I hereby accept the appoint ovisions of all statutes relatingations of my position as i	Name ARBOR DR P.O. Box NOT a FL State of process for the timent as registered agent of the proper registered agent of t	32952

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	KEVIN DELANEY 1463 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952	- -
		٠,
(Use attachment if necessary)		. •
ite of filing.)	of filing: 07/01/2024 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 cases the applicable statutory filing requirements, this date will not be State's records.	
,		· :
CLE VI: Other provisions, if any.		
	-K()	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)