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(Requestor's Name)	
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Why Roofing / Name of Limited Lia	//_C ibility Company	,
The enclosed Articles of Organization and fee(s) are submitted	ted for filing.	
Please return all correspondence concerning this matter to th	ne following:	
Ricardo Sub choc	<u></u>	
Name	of Person	
Firm/	Company	2024
108 Genain driv	· ·	024 DEC 10 AH 9: 4
108 Geogia driv	ddress	, 6
Pensacola FL	32805	AH S
City/State	and Zip Code	5
E-mail address: (to be used for futur	re annual report notification)	
For further information concerning this matter, please call:		
Ricardo Sub at 850) 6211122	
	Daytime Telephone Number	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$ Certificate of Status Cert	s155.00 Filing Fee & S160.00 Filing Fee & Certificate of Strong Control (additional copy)	Status &
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Why Ro	Company is: Sofin 9 in the words "Limited Liabili	LC			
ARTICLE II - Address: The mailing address and street add					
<u>Principa</u>	Office Address:		<u>Mailing Add</u>	ress:	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an account of the company of the	nt, Registered Office, & Reg		Signature:	dividual or	2n7u [
The name and the Florida street a	ddress of the registered agent	are:		'. [두 1 C ===
	Ricardo so	bchoc		Syllys:	7071 DEC 10 MH 9: 47
	108 Georgia Florida street address (P.O.		table)	E, FL	- 9: ±1
	<u>Pensacola</u> City	F LState	32505 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Mahager	Ricardo sub choc 108 Georgia drive Persanala EL 32505
	702
(Use attachment if necessary)	date of filing: 12-19-29 (OPTIONAL):
If an effective date is listed, the date must b he date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Doco
This document is ex I am aware that any constitutes a third do	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Κις	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)