1/23/23, 12:18 PM

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 hottom of all pages of the document.

(((H23000028256 3)))



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

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CANYON VIEW SYSTEMS, LLC

Account Number: I20220000118 Phone : (877)757-9877 Fax Number : (888)364-3940

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

Email Address: overthattoo@gmail.com

# FLORIDA LIMITED LIABILITY CO.

### Keith the Roofer, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help



H23000028256 3

DocuSign Envelope ID: 2C5A1511-E89C-40F7-91B9-A5D2E198164B

# COVER LETTER

TO:	New Filing Se Division of Co					
Ctinica		Roofer, LLC				
SUBJE	C1:	Name	of Limit	ed Liabil	ity Conpuy	
The encl	losed Articles o	FOrganization and fe	e(s) are s	ubmitted	for filing.	
Please re	eturn all corresp	ondence concerning	this matte	er to the	ollowing:	
	Keith E. Sto	лу				
				Name of	Percn	
	Keith the R	ofer, LLC				
	<del></del>			limC	nină.	
	5313 17 Av	enuc South				-
	<del></del>			Αth	<b>S</b>	
	Gulf Port, F	L 33707				
	ovenhaitoo@	gmail.com	City	/State an	d Zip Code	
		E-mail address: (to be	e used fo	r future a	nnual report notificat	ion)
For further	r information co	ncerning this matter.	please ca	il:		•
	Keith E. Stor		727 at (		768-51 <b>4</b> 0	
	Nán	u of Person	Area	Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount				
□\$125.	00 Filing Fee	□\$130.00 Filing I Certificate of Stat	us	Certifi	5.00 Filing Fee & cd Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is æd cæc)
	New F Divisio P.O. B	igAddress iling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Montoe Stree Tallahassee, FL 3230	issee et. Suite 810

2023-01-23 17:24:11 GMT

18883643940

From: 1Exam Prep inc H23000028256 3

DocuSign Envelope ID: 2C5A1511-E89C-40F7-91E9-A5D2E198164B

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Keith the Roofer, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal (Affice Aduress):	Maning Agaress:
5313 17 Avenue South	5313-17 Avenue South
Gulf Port, FL 33707	Gulf Port, FL 33707

### 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:

	Nima	
5313 17 Avenue Sou	ith	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Gulf Port	Fl.	33707
Cjv,	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. Thereby accept the appointment as registered agent and agree to act in **fis** 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 Opper 605. ES

Registered Agent's Signature (400) 1430)

(CONTINUED)

DocuSign Envelope ID: 2C5A1511-E89C-40F7-9189-A5D2E198164B

H23000028256 3

"AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
MGR	Keith E. Story 5313 17 Avenue South Gulf Port, FL 33707
MGR	Amy L. Kabler 5313 17 Avenue South Gulf Port, FL 33707
(Use attachment if necessary)  CLEV: Effective date, if other that	n the date of filing (OPTIONAL)
TLEV: Effective date, if other that effective date is listed, the date mate of filing.)  If the date inserted in this block of	n the date of filing:
CLEV: Effective date, if other tha effective date is listed, the date m te of filling.)	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be
CLEV: Effective date, if other that effective date is listed, the date in te of filing.)  If the date inserted in this block ocument's effective date on the De-	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be

# 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)