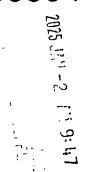


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400441600304







Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 01/02/25 Order #: 1753711-1

Re: TRIM-TEX EXTERIOR SOLUTIONS, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	New Filing Sec Division of Co						
ann ir a		X EXTERIOR SOL	UTIONS,	LLC			
SUBJEC	1:	Name of Limited Liability Company					
The enclo	sed Articles of	Organization and f	ee(s) are s	ubmitted	for filing.		2025
Please ret	urn all correspo	ondence concerning	this matte	r to the fo	ollowing:		
	Gwen M. Bi	ılington					
				Name of I	Person		
	Levenfeld P	earlstein, LLC					14.6
				Firm/Cor	npany		
	120 S. River	rside Plaza, Suite 18	300				
				Addre	SS		
	Chicago. II.	60606					
		 	City	/State and	l Zip Code		
	lpagents@lpl		1.0	C .			
]	e-mail address: (to	se used for	r Iuture ai	nual report notificati	ion)	
For further	information co	ncerning this matte	r, please ca	all:			
	Gwen M. Bu	lington	312 at (476-7708		
	Nam	e of Person	_ \	Code	Daytime Telephon	e Number	
Carland	in a ab sale Cane	to Callandar among					
	ns a check for t	he following amour □\$130.00 Filing Certificate of Sta	g Fee &	Certifie	.00 Filing Fee & d Copy I copy is enclosed)		• •
		ng Address			Street Address	ivicion	
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha		
	P.O. B	lox 6327		2	2415 N. Monroe Stre	et, Suite 810	
	Tallah	assee. FL 32314			Fallahassee, FL 3230	.5	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liab:	ility Company is:				
TRIM-TEX EXTE	ERIOR SOLUTIONS, LL	С			
			any, "L.L.C.," or "LLC.")		_
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Lin	nited Liability Company is:		~ ∶
Princ	ipal Office Address:		Mailing Addre	<u>ess</u> : 1) 33B
3700 W. Pratt Ave Lincolnwood, H. 6			3700 W. Pratt Avenue Lincolnwood, IL 60712	•	: : -
				722	,
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its owr n active Florida registratio	n Registered Ag on.)	Agent's Signature: ent. You must designate an ind	ividual or	9: 47
	Corporation Service				
		Name			
	1201 Hays Street				
	Florida street addres	ss (P.O. Box <u>M</u>	DT acceptable)		
	Tallahassee	Fl.	32301		
	City	State	Zip		
dace designated in this certifica urther agree to comply with the	te. I hereby accept the app provisions of all statutes r obligations of my position Corporation Serv By	pointment as reg relating to the pr cas registered ag rice Company	or the above stated limited liabil istered agent and agree to act in oper and complete performance gent as provided for in Chapter Granture (REQUIRED)	this capacite of my duties	ν . I

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager	
AMBR	Trim-Tex, Inc. 3700 W. Pratt Avenue Lincolnwood, IL 60712
MGR	Trim-Tex, Inc. 3700 W. Pratt Avenue Lincolnwood, II. 60712
	2025
	10
(Use attachment if necessary	· · · -
CLE V: Effective date, if other teffective date is listed, the date to of filing.)	than the date of filing:
	Department of State's records.
cument's effective date on the E TLE VI: Other provisions, if any	· y.
cument's effective date on the E CLE VI: Other provisions, if any	·

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.

Michael Cannell

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)