



L000000001320

ACCOUNT NO. : 072100000032

REFERENCE : 575725 4301811

AUTHORIZATION :

Patricia Pruitt

COST LIMIT : \$ 125

ORDER DATE : February 3, 2000

ORDER TIME : 10:42 AM

ORDER NO. : 575725-005

600003124176--7

CUSTOMER NO: 4301811

CUSTOMER: Frank Lewandoski, Legal Asst
PHILLIPS, NIZER, BENJAMIN,
PHILLIPS, NIZER, BENJAMIN,
666 Fifth Avenue

New York, NY 10103-0084

DOMESTIC FILING

NAME: DELCOR INDUSTRIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carrie Vaught

EXAMINER'S INITIALS:

RECEIVED
00 FEB -4 AM 11:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BB
2400

AND
FILED
00 FEB -4 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Delcor Industries, LLC

ARTICLE II - Name

The mailing address and street address of the principal office of the Limited Liability Company is:
4802 Gunn Highway, Suite 140, Tampa, FL 33624

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

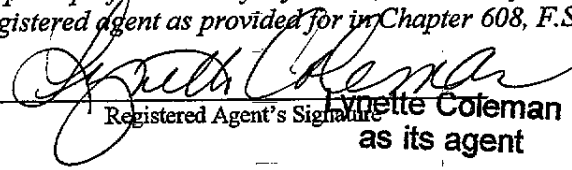
The name and the Florida street address of the registered agents are:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301
City, State, and Zip

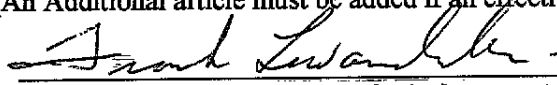
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.


Registered Agent's Signature **Lynette Coleman**
as its agent

ARTICLE IV- Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An Additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Frank Lewandoski
Typed or printed name of signee

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

APPROVED
AND
FILED
00 FEB -4 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA