L1000002664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400163967034

01/07/10--01028--011 **35.00

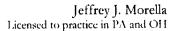
01/07/10--01028--010 **125.00

EFFECTIVE DATE 1/1/2010

B. KOHR
JAN 1 1 2010

EXAMINER

SECRETARY OF STATEM





January 6, 2010

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 EFFECTIVE DATE 112010

Via Overnight Courier

Re: <u>S-</u>

S-Webb, LLC (the "Company")

Dear Sir/Madam:

Enclosed please find a copy of the Articles of Organization for Florida Limited Liability Company (the "Articles") for the Company, along with a check in the amount of \$125.00 for the required filing fee and a check in the amount of \$35.00 for the Certificate of Status and Certified Copy. I have also enclosed a Cover Letter for the Company.

Should the enclosed be acceptable to you, please file the Articles on behalf of the Company. Also, please submit a letter of acknowledgment for this registration and send the same to our office in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. Should you have any questions, please call.

Mulla/de

Sincerely,

Jeffrey J. Morelia

JJM/slk

Enclosures

EFFECTIVE DATE 1 201

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT:S-Webb, LLC
	Name of Limited Liability Company
The er	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jeffrey J. Morella, Esquire
	Name of Person
	Morella & Associates
	Firm/Company
	706 Rochester Road
	Address
	Pittsburgh, PA 15237
	City/State and Zip Code
	dipaparella@morellalaw.com E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Jeffrey J. Morella, Esquire at (412) 369-9696
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
]\$125.	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status &

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)



ARTICLE I - Name:	FLORIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Company	is:
S-Webb	LLC shility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10430 Perry Highway	10430 Perry Highway
Wexford, PA 15090	Wexford, PA 15090
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regular business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual or another
<u>CT Corporatio</u> Nam	· · · · · · · · · · · · · · · · · · ·
1200 South Pi Florida street address (P.	ne Island Road O. Box <u>NOT</u> acceptable)
Plantation, City, State,	
	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al

(CONTINUED)

A SUPER

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
MGRM	Lee W. Baierl
	10430 Perry Highway
	Wexford, PA 15090
(Use attachment if necessary)	
TEV. Effective data if other the	an the date of filing: January 1, 2010 (OPTIONA
ffective date is listed, the date m	nust be specific and cannot be more than five business day
days after the date of filing.)	nucleo specific una cama con note con a constant and a constant and
- ·	
REQUIRED SIGNATURE:	11//
	'// <i>M/ [.</i>
Sign of the Aft of	nember or an authorized representative of a member.

(Maccordance 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.)

Jeffrey J. Morella, Esquire, Attorney for Lee W. Baierl

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)