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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

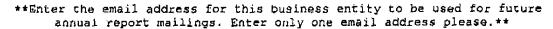
: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368



Email	Address:		

FLORIDA LIMITED LIABILITY CO.

Strybuc Replacement Hardware, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

D. BRUCE

AUG 3 2010

EXAMINER

COVER LETTER

	ation Section n of Corporations		
SUBJECT:		placement Hardware, LLC	-
	Name of Limi	ted Liability Company	
The enclosed Art	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Suzann	e M. Irwin, Paralegal	
·		Name of Person	
	Flaster/Greenberg P.C.		
-		Pinn/Company	
	1810 Chapel Ave	nue West, Commerce Center	
		Address	3 4 5
	Cherry Hill		
		ty/Sum and Zip Cods	
	suzanne.im	in@flastergreenberg.com for future annual report notification)	
	•		38 3
For further infor	nation concerning this matter, pleas	e callers -	in in
Suzan	ne M. Irwin, Paralegal	at (856) 382-2251	
	Name of Person	Area Code & Daytime Telephone Number	•
Enclosed is a cl	neck for the following amount:		
]\$ 125,00 Filing	Pee []\$130.00 Piling Fee & Cortificate of Status	Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is	atus &
	Mailing Address Registration Section Division of Cognetitions	Street/Conrier Address Registration Section Division of Conventions	

P.O. Box 6327
Tallahassoc, FL 32314

Division of Corporations Ctifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai			
The name of the L	imited Liability Compan	y is:	
(M)		ent Hardware, LLC	
ARTICLE II - Ad The mailing address		ns principal office of the Limited Li	iability Company is:
Principal Office A	ddress:	Malling Address:	
500 West 84th Street Hialegh, FL 33014		Unit 102C, 2006 Fimwood Sharon Hill, PA 18079	Avenue
(The Limited Liability C	egistered Agent, Regist ompany cannot serve as its own antive Florida registration.)	ered Office, & Registered Agent'. Registered Agent, You must designate an indiv	s Signature
The name and the Florida street address of the registered agent are:			
	CT Corpo	ration System	8 8
Name 1200 South Pine Island Road			
			1
	Florida street address	(P.O. Box NOT seceptable)	3
	Plantation, 3332	4 թլ	
	City, Su	ste, 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 (REQUIRED)

MARGARET E. ROUTZAHN (CONTINUED) Special Assistant Secretary

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Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Mana		Name and Address:			
MGR		Rinaldo J. Pierangell Unit 102C, 2008 Elmwood Avenue Sharon Hill, PA 19079			
(Use attachment if		of filling: (OPTIONAL)		
(If an effective date is liste to or 90 days after the dat	ed, the date must be spe	ecific and cannot be more than five bu	siness days prior		
<u>reouired</u> sic	Mall	g authorized representative of a member.		Allo-2	
	(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florids Statutes, the execution an affirmation under the penalties of perjury retrue.)		£ []	
Piling Fees;		Esq., Authorized Representative reprinted name of signee		60	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)