

# Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)922-4003

From:

Account Name : BIZCORP INTERNATIONAL INC.  
Account Number : I19990000093  
Phone : (561)776-2277  
Fax Number : (561)776-2266

## LIMITED LIABILITY COMPANY

SPLIT COVERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

00 JAN 14 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 14 PM 1:57  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **SPLIT COVERS LLC**

### ARTICLE II - Address:

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

540 Palmetto Rd.  
Belleair, FL 33756

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

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

Henry F. Limardi  
Name  
540 Palmetto Rd.  
Florida street address (P.O. Box NOT acceptable)  
Belleair FL 33756  
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..*

SEE ATTACHED CERTIFICATE

Registered Agent's Signature

### 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.)

Stephen Levy

Typed or printed name of signer

Stephen Levy  
4400 PGA Boulevard  
Suite 700  
Palm Beach Gardens, FL 33410  
(561) 776-2277

**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)

00 JAN 14 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGENT, IN THE STATE OF FLORIDA.**

**1. The name of the limited liability company is: SPLIT COVERS LLC**

**2. The name and address of the registered agent and office is:**

**Henry F. Limardi  
540 Palmetto Rd.  
Belleair, FL 33756**

*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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.*

  
**Henry F. Limardi**

1-4-00

(Date)

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DIVISION OF CORPORATIONS  
00 JAN 14 PM 3:00

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