City/State/Zip Phone

City/State/	Zip Phone #	Office Use Only
1. <u>COR</u> (Corp.	NAME(S) & DOCUMENT N ETEX oration Name)	UMBER' 1000030981012 -01/13/0001084003
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□ Walk in □	Pick up time	Certified Copy
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IPW RILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ I	
Limited Liability	Change of Registered Agent	75 8 195
Domestication	Dissolution/Withdrawal	A T
Other	Merger	125 PM 12: 41 NAXY OF STATIANSSEE FLORIE
ONHER WILLINGS	REGISTRATION	Fig. 7. Company
Annual Report	QUALIFICATION	OO JAN 25 PM 12: 4.1 SECKETWAY OF STATE TALL AHASSEE FLORIDA
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	1
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Trademark

Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 19, 2000

CORETEX, L.L.C. 409 SE OSCEOLA ST STUART, FL 34994

SUBJECT: CORETEX, L.L.C. Ref. Number: W00000001468

We have received your document for CORETEX, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please complete the enclosed new, blank application. Please also sign and date the enclosed refund application. The fees for this filing have changed, and once your application has been filed we will process a refund for \$160 and you will receive a check for this amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers **Document Specialist**

Letter Number: 200A00002567

DEAL M. LIVELS: PLEASE FIND ENCLOSED THE CERLE OND DOWNENTS. PANK YOU FOR YOUR HELP, AND LOOK FORWARD TO PHE PROPER DOWNERTS From you office For ME LCC.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: COLETEX LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 409 S.E. OSCEOCA ST, STUART, FC. 34994
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
GERALD 2. ROSSOW
SELAUD 2. LOSSOW Name 4400 GA LOVA SUITE 700 Florida street address (P.O. Box NOT acceptable) ACH LEACH GALLEYS FL 77410 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
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.)
Typed or printed name of signee
<u>Filing Fees:</u> \$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)

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CORETEX

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: COLETEX CLC. The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 409 S.E. OSCEOLA ST, STUALT, FC. 34994 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: rida street address (P.O. Box NOT acceptable 06,45 FL 33410 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 agens and agree to act in this capacity. I further agree to comply with the provisions of all standes 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.. Articie 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 Stanutes, the execution of this document constitutes an affirmation under the penalties of purjury that the facts stated herein are true.) BJORN IVELSE Typed or printed name of signee

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