

L00000014588

J. GALLERANI
2837 TANGLEWOOD BLVD
ORANGE PARK, FL 32065

City/State/Zip

Phone #

500003458485--9

-11/09/00-01043--020

***160.00 ***160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 16, 2000

J. GALLERANI
2837 TANGLEWOOD BLVD.
ORANGE PARK, FL 32065

SUBJECT: ABSOLUTE ROOF SOLUTIONS, LC
Ref. Number: W00000027350

We have received your document for ABSOLUTE ROOF SOLUTIONS, LC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 400A00059150

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Untitled

To whom it may concern:

Below is my name, address, and daytime telephone number.

James Gallerani
2837 Tanglewood Blvd.
Orange Park, FL 32065

(904) 276-1815

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00 NOV 28 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE ROOF SOLUTIONS, LC

ARTICLE II - Address:

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

MAILING: PO BOX 484

DOCTORS INLET, FL 32030

STREET: 2837 TANGLEWOOD BLVD.
ORANGE PARK, FL 32065

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

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

JAMES E GALLERANI
Name
2837 TANGLEWOOD BLVD.
Florida street address (P.O. Box NOT acceptable)
ORANGE PARK FL 32065
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.

James E Gallerani
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)

James E Gallerani
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.)

JAMES E GALLERANI

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)

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