

LD10000003169

CORPORATION SYSTEM

CORPORATION(S) NAME

Uniflex Roofing Systems of Florida, LLC

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500003791779--7
-03/01/01--01062--027
*****125.00 *****125.00

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC formation | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/1/01

Order#: 3729592

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR -1 PM 2:18
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
01 MAR -1 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR
UNIFLEX ROOFING SYSTEMS OF FLORIDA LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

UNIFLEX ROOFING SYSTEMS OF FLORIDA LLC

**ARTICLE II
Address**

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

8750 Enterprise Boulevard
Largo, Florida 33773

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company is perpetual.

**ARTICLE IV
Management**

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager are:

David Kessler
8750 Enterprise Boulevard
Largo, Florida 33773

**ARTICLE V
Admission of Additional Members**

No person may be admitted as a member unless each member consents in writing to the admission of the additional member.

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TALLAHASSEE, FLORIDA

ARTICLE VI
Registered Agent and Registered Address

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII
Indemnification

The Limited Liability Company shall, to the full extent permitted by Section 608.4363 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VII shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the Limited Liability Company, by agreement or otherwise.



David Kessler, Manager

(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.)

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TALLAHASSEE FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.57, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Uniflex Roofing Systems of Florida LLC.
2. The name and the Florida street address of the registered agent are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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.



Registered Agent's Signature

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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TALLAHASSEE FLORIDA