Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000302930 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

## LIMITED LIABILITY COMPANY

Symphony Building Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Hactronic Filips Manu

Parparata filing

Public Ancess Help

18-230

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Symphony Building Solutions, LLC
The name of the Limited Liability Company is:

ARTICLE II - Address: 204 Gale Lane, P.O. Box 69, Kennett Square, PA 19348
The mailing address and street address of the principal office of the Limited Liability Company is:

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

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

	Name
o CT Corporation Syste	m,1200 South Pine Island Road
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)
leptation	FL 33324
(	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.

By:

C T Corporation System

Registered Agent's Signature

SPECIAL ASSISTANT SECRETARY

(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.)

W. Thomas Mulyped or printed pame of signee

Filing Frea:

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Cartified Copy (Optional)
\$5.00 Certificate of Status (Optional)