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(((H03000337817,3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (\$16)935-3088

LIMITED LIABILITY COMPANY

ARMADILLO Builders LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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3 DEC 17 AM 9: 14
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12-18-00

H03000337817

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name

The name of the Limited Liability Company is: ARMADILLO Builders LLC

ARTICLE II - Address

Principal Office Address:

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

109 San Rafael Avenue	109 San Rafael Avenue	::-=
		<u>.</u>
North Port, FL 34287	North Port, FL 34287	
_	Agent, Registered Office & Registered Agent's S	lignature
The name and Florida street addres	Aneta Siepecki	** ;
	Name	
	12140 Margarita Avenue	
,		
	(P.O. Box or Mail Drop Box NOT Acceptable)	

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.

(City / State / Zip)

X

Registered Agent's Signature - Aneta Siepecki

APPRUM AND FILEE PARTIANY L. SECRETARY L. SECRETARY L. SECRETARY L. SOSOOSSITE POSOOSSITE POSOOSSITE ARTICLE IV - Manager(s) or Managing Member(s): H03000337817 The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member **MGRM** Henry Slepecki, 109 San Rafael Avenue, North Port, FL 34287 MGRM Joanna Slepecki, 109 San Rafael Avenue, North Port, FL 34287 **MGRM** Piotr Murman, 12140 Margarita Avenue, North Port, FL 34287 MGRM Aneta Slepecki, 12140 Margarita Avenue, North Port, FL 34287 (Use attachment if necessary) REQUIRED SIGNATURE:

(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.)

Aneta Slepecki

Signature of a member or authorized representative of a member.

Typed or printed name of signee

AND
FILED

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