L040000/4515

(D.		
(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PICK-UP	WAIT	MAIL
(D)	Casta Afana	,
(BU	siness Entity Name	")
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
	E'' O''	
Special Instructions to Filing Officer:		

Office Use Only



02/16/04--01005--014 **155.00

2004 FEB 13 AN IO: 52

DIVILION OF CORPORATION
DIVILION OF CORPORATION

* DATE 2-10-04

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: RALPH J CIRILLO INSTALLERS LLC

I have enclosed the original and one copy of the Articles of Organization. You will also find my check for \$155.00 to cover the cost of the Filing Fees, Certified Copy of the Articles of Incorporation and Fee for Registered Agent Designation for the above named LLC.

Sincerely,

Please send accepted Articles of Organization to the following address:

Ralph J Cirillo 14380 Orange River Rd. Ft. Myers, Fl. 33905



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is: RALPH J CIRILLO INSTALLERS LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 14380 ORANGE RIVERR RD FT. MYERS, FL. 33905

ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are::

Name

RALPH J CIRILLO

Florida street address (P.O. Box is NOT acceptable)

FL City, State, and Zip

_14380 ORANGE RIVERR RD FT. MYERS, FL. 33905

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. Ifurther 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 Manager(s) or Managing Member(s)

Title

Name and Address

MGRM

RALPH J CIRILLO

14380 ORANGE RIVERR RD FT. MYERS, FL. 33905

Article V - 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.

ARTICLE V: Effective Date

The effective date is WHEN FILE

RALPHICIRILIC

(In accordance with section 608.408(3), Florida Statutes, the execution

of this document constitutes an affinnation under the penalties of perjury that the facts stated herein are true.)

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)

TOWN FEB 13 MIO: 52
DIVINION OF CORPORATIONS
DIVINION OF CORPORATIONS