

L0400000/5309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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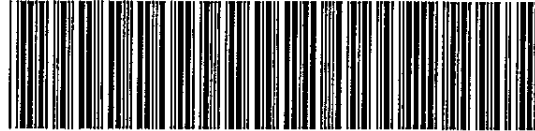
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

-J. BRYAN FEB 26 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wayne Sartori D/B/A A Drop in Ceiling "L.L.C."
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne P. Sartori
(Name of Person)

Wayne Sartori D/B/A A Drop in Ceiling "L.L.C."
(Firm/Company)

12122 N.W. 23D MANOR
(Address)

Coral Springs FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Sartori at (954) 263-5379
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Drop in Ceiling limited liability company

ARTICLE II - Address:

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

Principal Office Address:

12122 N.W. 23D MANOR
CORAL SPRINGS FL. 33065

Mailing Address:

Wayne P. Sartori
12122 N.W. 23D MANOR
CORAL SPRINGS FL. 33065

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

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

Wayne P. Sartori
Name

12122 N.W. 23D MANOR
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FLORIDA 33065
City, State, and Zip

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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, Florida Statutes..

W.P. Sartori
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Wayne P. Sartori
12122 N.W. 23D MAJOR
CORN SPRINGS FL 33065

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Wayne P. Sartori
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.)

Wayne P. Sartori
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)