

L04000015710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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LN 02/27/04

04 FEB 26 PM 1:00

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DIVISION OF CORPORATIONS

5

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gencon, LLC
(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:

Jason T. Marucci

(Name of Person)

Gencon, LLC

(Firm/Company)

408 Bailey Road

(Address)

Venice/FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason T. Marucci

(Name of Person)

at (305) 986-4068

(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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04 FEB 26 PM 12:59

W04-5015



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 5, 2004

JASON T. MARUCCI
GENCON, LLC
408 BAILEY ROAD
VENICE, FL 34292

SUBJECT: GENCON, LLC
Ref. Number: W04000005015

We have received your document for GENCON, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 704A00007774

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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gencon, LLC**ARTICLE II - Address:**

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

Principal Office Address:408 Bailey RoadVenice, FL 34292**Mailing Address:**408 Bailey RoadVenice, FL 34292**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JASON T. MARUCCI

Name

15575 SW 17th STFlorida street address (P.O. Box **NOT** acceptable)DAVIEFLORIDA, 33326

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, Florida Statutes..

Jason T. Marucci
Registered Agent's Signature

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DIVISION OF CORPORATIONS
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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

Michael W. Murphy

3245 W. Western Reserve Road
Canfield, OH 44406

MGRM

Leonard L. Marucci

408 Bailey Road
Venice, FL 33326

MGRM

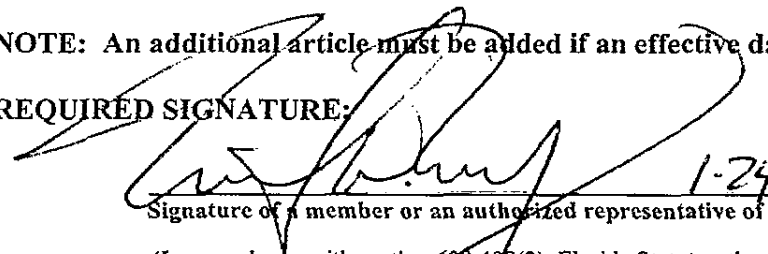
Jason T. Marucci

15575 SW 17th Street
Davie, FL 33326

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

Michael W. Murphy

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)

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