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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALB ROOFING 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:

ALLEN BELT
(Name of Person)

ALB ROOFING L.L.C.
(Firm/Company)

6864 Gilda Court
(Address)

Keystone Hqts. FL. 32656
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN BELT at (352) 473-5669
(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

04 MAY 29 PM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALB ROOFING L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

ALB ROOFING L.L.C.
6864 GILDA COURT
Keystone Hqts.
FLORIDA 32656

Mailing Address:

ALB ROOFING L.L.C.
6864 GILDA COURT
Keystone Hqts, FL. 32656

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

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

Allen L Belt (Allen L BELT)
Name

6864 GILDA COURT
Florida street address (P.O. Box NOT acceptable)

Keystone Hqts, FLORIDA 32656
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..

Allen L Belt
Registered Agent's Signature

04 MAR 29 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE
AND
FILED

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:

MGR

ALLEN BELT
6864 WILDA COURT
KEYSTONE Hqts, FL 32656

MGRM

LEONARD BALL
625 W PINEWOOD ST
STARK FLORIDA 32091

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Allen R Belt

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.)

ALLEN L BELT

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)

04 MAR 29 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED