

L04000079714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500042339175

11 01/04 --01013-- 016 **155.00

06:08 - 1 01 2:34

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All-Storm Busters 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:

Anette J. True

(Name of Person)

All-Storm Busters LLC

(Firm/Company)

4746 Satinwood Trail

(Address)

Coconut Creek, FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Anette J. True

(Name of Person)

at (

954

678-4138

(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

64107-1 FRI 2:34

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

All-Storm Busters LLC

ARTICLE II - Address:

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

Principal Office Address:

4746 Satinwood Trail
Coconut Creek, FL 33063

Mailing Address:

4746 Satinwood Trail
Coconut Creek, FL 33063

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

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

Anette J. True

Name

4746 Satinwood Trail

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

Coconut Creek FLORIDA 33063
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..



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:

MGR

Anette J. True

4746 Satinwood Trail
Coconut Creek, FL 33063

MGRM

Carlos R. Mayorga

2860 E. Sable Cir.
Margate, FL 33063

MGRM

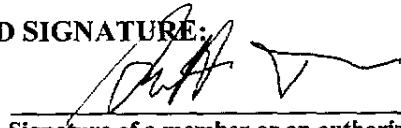
Robert Maulen

4746 Satinwood Trail
Coconut Creek, FL 33063

(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.)

Anette J. True

Typed or printed name of signee

64103-1 PM 2:34

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)