

L05000045644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

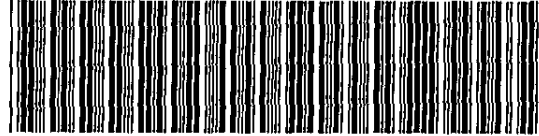
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAY -9 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 359819 9031A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

FILED
05 MAY -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 9, 2005

ORDER TIME : 10:23 AM

ORDER NO. : 359819-005

CUSTOMER NO: 9031A

CUSTOMER: Ms. Sandy Flynn
Stevens & Culmer

One West Merritt Island
Causeway
Merritt Island, FL 32952

DOMESTIC FILING

NAME: LIQUID RUBBER ENGINEERED
COATINGS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

LIQUID RUBBER ENGINEERED COATINGS, LLC

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

385 122nd Street
Marathon, FL 33050

385 122nd Street
Marathon, FL 33050

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

Joseph E. Culmer, Esquire

Name

One West Merritt Island Cswy.

Florida Street Address

Merritt Island, FL 32952

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, F.S.

[Signature]
Registered Agent's Signature

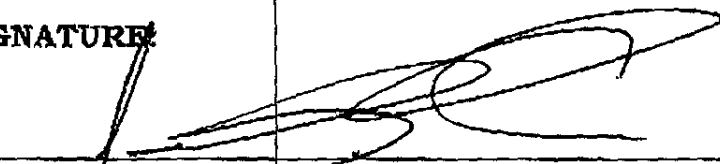
ARTICLE IV
Manager(s) or Managing Member(s):

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

Don Tetrault - Manager	385 122 nd Street
	Marathon, FL 33050

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 508.408(3), Florida Statutes, the execution of
This document constitutes an affirmation under the penalties of
Perjury that the facts stated herein are true.)

Joseph E. Culmer

Typed or printed name of signee

Filing Fees:

\$125.00	Filing Fee for Articles or Organization and Designation of Registered Agent
\$ 30.00	Certified Copy (Optional)
\$ 8.00	Certificate of Status (Optional)