

WS000048930

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000125355 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED

05 MAY 17 AM 7:29

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**Superior Metal Roofing LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

FILED
2005 MAY 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)**105-48930**
AR

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Superior Metal Roofing LLC**

ARTICLE II - Address

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

Principal Office Address:2130 Singleton AvenueMims, FL 32754**Mailing Address:**2130 Singleton AvenueMims, FL 32754**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Rick McKnightName**2130 Singleton Avenue**(P.O. Box or Mail Drop Box **NOT** Acceptable)**Mims, FL 32754**(City / State / 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.



Registered Agent's Signature **Rick McKnight**

FILED
MAY 17 AM 9:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Rick McKnight- 2130 Singleton Avenue, Mims, FL 32754

MGRM

David McKnight- 1170 N. Dixie, Titusville, FL 32796

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Rick McKnight

Typed or printed name of signee

FILED
2005 MAY 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA