

L 05000075553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

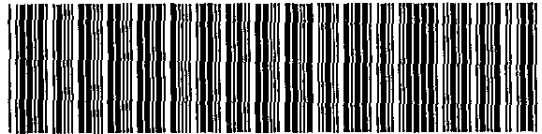
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 AUG -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 AUG -2 AM 11:44  
DEPT. OF STATE  
INVESTIG. & REGISTRATIONS  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

**FILED**  
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TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- ALTERNATIVE SURFACE DESIGNS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**FOR**  
**ALTERNATIVE SURFACE DESIGNS, LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 AUG - 2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

**ARTICLE I - NAME**

The name of the Limited Liability Company shall be ALTERNATIVE SURFACE DESIGNS, LLC.

**ARTICLE II - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE**  
**OF COMPANY**

The mailing address of the Limited Liability Company is 3001 Old Orchard Lane, Parrish, Florida 34219. The street address of the principal office of the Limited Liability Company is 3001 Old Orchard Lane, Parrish, Florida 34219.

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

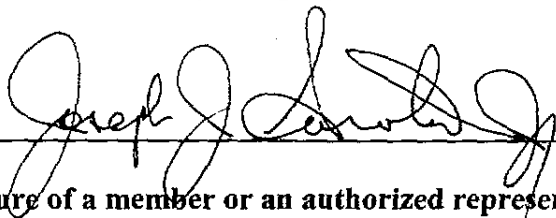
The Limited Liability Company is to be managed by a manager and the name and address of the individual who is to serve as manager is Pamela A. Lynch.

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

\_\_\_\_\_  
Joseph J. Sorota, Jr., authorized representative

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

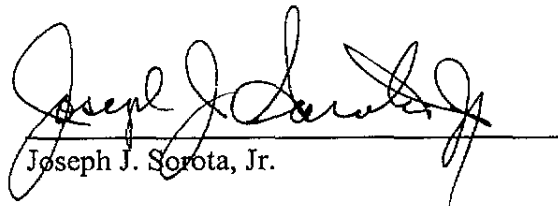
1. The name of the Limited Liability Company is:

ALTERNATIVE SURFACE DESIGNS, LLC

2. The name and address of the registered agent and office is:

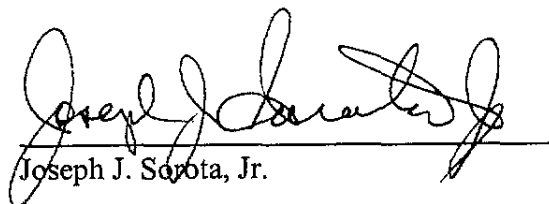
Joseph J. Sorota, Jr.  
28100 U.S. Highway 19 North, Suite 504  
Clearwater, FL 33761

Dated this 1<sup>st</sup> day of August, 2005.

  
Joseph J. Sorota, Jr.

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.

Dated this 1<sup>st</sup> day of August, 2005.

  
Joseph J. Sorota, Jr.