

# LOS0000 97788

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.**

(((H05000235068 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

**LIMITED LIABILITY COMPANY**

ArchlCoor, LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

05 OCT -4 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
05 OCT -4 PM 3:04  
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **ArchiCoor, LLC**

## ARTICLE II - Address

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

Principal Office Address:36 Canterbury WoodsOrmond Beach, FL 32174Mailing Address:36 Canterbury WoodsOrmond Beach, FL 32174

SECRET  
OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

05 OCT -4 AM 8:53

FILED

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

**Ronny E. Deleeuw**Name36 Canterbury Woods(P.O. Box or Mail Drop Box NOT Acceptable)Ormond Beach, FL 32174(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 - Ronny E. Deleeuw

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

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

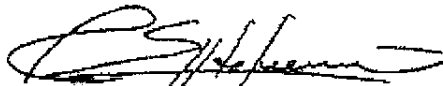
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRRonny E. Deleeuw - 36 Canterbury Woods, Ormond Beach, FL 32174MGRAndrew Svoboda - 470 South Pin Oak Place, Longwood, FL 32779

(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. )

**Ronny E. Deleeuw**

Typed or printed name of signee

05 OCT -4 AM 8:53  
SECRET & OF STATE  
ALLENDALE FLORIDA

FILED