

Division of Corporations

LOS000115-784

Page 1 of 1

FILED

Florida Department of State
Division of Corporations
Public Access System

2005 DEC -2 A 11: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(((H05000276800 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 DEC -2 AM 11: 01
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

National Capacitor Warehouse LLC

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

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: **National Capacitor Warehouse LLC** 2005 DEC -2 A 11: 2

ARTICLE II - Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address:Mailing Address:5803 Royal Lake Circle5803 Royal Lake CircleBoynton Beach, FL 33437Boynton Beach, FL 33437

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

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

Herb SiegmanName5803 Royal Lake Circle(P.O. Box or Mail Drop Box NOT Acceptable)Boynton Beach, FL 33437(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 - Herb Siegman

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

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

FILED**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 DEC -2 A 11: 20

SECRETARY OF STATE
TALLAHASSEE, FL 32374-3700MGRHerb Siegman - 5803 Royal Lake Circle, Boynton Beach, FL 33437

(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.)

Herb Siegman_____
Typed or printed name of signee