

L 06000018440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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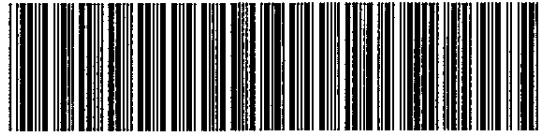
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 13 PM 2:00

FILED

02/20/06

4

February 2, 2006

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: A-1 HEADLINER & TRIM, LLC

The enclosed Articles of Organization are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia D'Agostino
5770 Stone Pointe Drive
Sarasota, Florida 34233

For further information concerning this matter, please call:

Patricia D'Agostino at (941) 926-1399

Enclosed is a check in the amount of \$125.00 payable to the Florida Department of State in full payment of this LLC registration.

Thank you for your assistance in this matter.


Patricia D'Agostino

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
A-1 HEADLINER & TRIM, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I ~ Name:

The name of the Limited Liability Company is A-1 HEADLINER & TRIM, LLC.

ARTICLE II ~ Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5770 Stone Pointe Drive, Sarasota, Florida 34233.

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature:

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

Patricia D'Agostino
5770 Stone Pointe Drive
Sarasota, Florida 34233

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Patricia D'Agostino

Registered Agent's Signature

ARTICLE IV ~ Managers or Managing Members

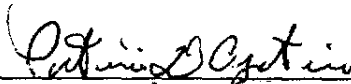
Title:

Name and Address:

MGRM

Patricia D'Agostino
5770 Stone Pointe Drive
Sarasota, Florida 34233

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Patricia D'Agostino

Typed or printed name of signee

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TALLAHASSEE, FLORIDA