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COVER LETTER

-	istration Session of Co	ection rporations			
SUBJECT:	Hurrica	ne Protection, LLC			
		(Name of Limit	ed Liability Co	mpany)	
The enclosed	Articles o	f Organization and fee(s) are:	submitted for f	īling.	
Please return	all corresp	ondence concerning this matt	er to the follow	ving:	
Anti	nony Pi	irolo			
7 414	10119 1		(Name of Person	1)	
Hurr	icane l	Protection, LLC			
		<u>-</u>	(Firm/Company)	
290	5 Sout	h Federal Highway	v. Suite C	:-13	
=		<u> </u>	(Address)		
Deli	av Be	ach, Florida 3348;	3		
	-,		y/State and Zip (Code)	
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For further in	formation	concerning this matter, please	call:		
Anthony F	Pirolo		at (_561	, 243-960)4
	(Name	of Person)	(Атеа	Code & Daytime T	elephone Number)
Enclosed is	a check fo	or the following amount:			
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:		
Hurricane Protection, LLC			
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2905 South Federal Highway, Suite C-13	2905 South Federal Highway, Suite C-13		
Delray Beach, Florida 33483	Delray Beach, Florida 33483		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Jason P. Dollard, Esq. Name	stered Agent. You must designate an individual or another registered agent are:		
301 W. Atlantic Avenue, S	uite 0-8		
Florida street ad	ldress (P.O. Box <u>NOT</u> acceptable)		
Delray Beach	FL 33444		
City, State,	and Zip		
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managi	ng Member	
MGR	Anthony Pirolo	
	2905 South Federal Highway, Suite C-13	
	Delray Beach, Florida 33483	
,		
(Use attachment if n	ecessary)	
ARTICLE V: Effective date	e, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed	, the date must be specific and cannot be more than five b	usiness days prior
to or 90 days after the date	of filing.)	
<u>REQUIRED</u> SIGN	ATURE:	
	Inchang (erolo)	
Si	gnature of a member of an authorized representative of a member.	1
òf	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	5497 B3
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)