

Florida Department of State

Division of Corporations Public Access System 2006 MAY -9 P 12: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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: (850)205-0383

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (\$16)935-3940 Fax Number: (516)935-3088

FEORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
06 HAY -9 PM 3: E

Above the Rest Hurricane Protection LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR

FILED

, F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name	MAY -9 D D
The name of the Limited Liability Co	mpany is: Above the Rest Hurricane Protection LOC
	IMPLIANT SEE, FLORINA
ARTICLE II - Address	TO LEAF LORINA
The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
70-1-1-1-000 a 1 3 3	No. of a filter on the Anna and a
Principal Office Address:	Mailing Address:
7820 N. 56th Street	7820 N. 56th Street
Tampa, FL 33617	Tampa, FL33617
ARTICLE III - Registered A	gent, Registered Office & Registered Agent's Signature
The name and Florida street address	- ·
	Kimberly Carlo
	Name
	31424 Philmar Lane
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Wesley Chanel, FL 33543
	(City / State / Zip)
	(Only i State i Elp)
at the place designated in this cert capacity. I further agree to comply	agent and to accept service of process for the above stated limited liability company tificate, I hereby accept the appointment as registered agent and agree to act in this with the provisions of all statutes relating to the proper and complete performance th and accept the obligations of my position as registered agent as provided for in
at the place designated in this cert capacity. I further agree to comply of my duties, and I am familiar wit	agent and to accept service of process for the above stated limited liability company lificate, I hereby accept the appointment as registered agent and agree to act in this with the provisions of all statutes relating to the proper and complete performance

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

"MGRM

Charles Safarik-30319 Lettingwell Circle, Wesley Chapel, FL 33543

(Use attachment if necessary)

REQUIRED SIGNATURE:

(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 berein are true.)

Charles Safarik

Typed or printed name of signee