

LU 60000 67877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 JUL -7 AM 10:33
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 JUL -7 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

Pick-up

7/6.

All Storm Resource Group

Requestor Name

1880S NW 13th Street

Address

Pem. Pines FL 33029

City

State

ZIP

Phone

(954) 696-5149

CORPORATION(S) NAME

All Storm Resource Group L.L.C.

VALIDATION ONLY

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



Empire Toll Free: 1-800-432-3028

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

(X) Other LLC

() Reinstatement

() Reservation

() Change of Registered Agent

(X) Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

(X) Walk-In

() Will Wait

(X) Pick-Up

() Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL STORM RESOURCE GROUP LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:18805 NW 13TH STREET
PEMBROKE PINES
FLORIDA 33029**Mailing Address:**18805 NW 13TH STREET
PEMBROKE PINES
FLORIDA 33029**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NICOLLETTE SYGULSKA

Name

18805 NW 13TH STREETFlorida street address (P.O. Box **NOT** acceptable)PEMBROKE PINES FL 33029

City, State, and 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 (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

"MGR"**Name and Address:**NICOLLETTE SYGULSKA18805 NW 13TH STREETPEMBROKE PINES FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, 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 business days prior to or 90 days after the date of filing.)

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.)

NICOLLETTE SYGULSKA_____
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)**