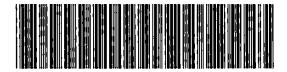
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(Business Entity Name)				
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Certified Copies		s of Status		
Special Instructions to	Filing Officer:			
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## CAPITAL CONNECTION, INC.

**417** E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 **(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222** 

Joe Scioli	Rooting L.C.	ANO: 43
		·
		Art of Inc. File  LTD Partnership File
		L.C. File Fictitious Name File
	·	Trade/Service Mark  Merger File
		Art. of Amend. File  RA Resignation  Discolution / With decoral
		Dissolution / Withdrawal Annual Report / Reinstatement  Cert. Copy
		Photo Copy Certificate of Good Standing
		Certificate of Status  Certificate of Fictitious Name  Corp Record Search
		Officer Search  Fictitious Search
Signature		Fictitious Owner Search  Vehicle Search
Requested by:	7/10 9:00	Driving Record  UCC 1 or 3 File
Name	Date Time	UCC 11 Search  UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	pany is:		
		· · · ,	
JOE SCIOLI ROOFING L.L.C.			•
Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "L	LC," or "L.C.,")	
ARTICLE II - Address:	or and the first life looking to graph to the fact	r LT inhilita Cama	
The mailing address and street address of	it the principal office of the Limited	Liability Comp	any is:
Principal Office Address:	Mailing Address:		
		· ·	
200 NE 2ND DRIVE	200 NE. 2ND DRIVE		•
HOMESTEAD, FLORIDA 33030	HOMESTEAD, FLORIDA 33030	)	
			•
ARTICLE III - Registered Agent, Reg			
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	wn Registered Agent. You must designate an in	idividual or another	
The name and the Florida street address:	of the registered agent are:	•	
WADE C. PETERSOI	N TO THE STATE OF		
	Name		
234 NORTH KROM	E AVENUE	• • • • • • • • • • • • • • • • • • • •	•
Florida :	Street address (P.O. Box NOT acceptable)	<i>:</i>	٠
HOMESTEAD	FL 33030		
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 (REOLURED)

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" - Managing Member	
MGR	JOSEPH F. SCIOLI JR.
MOL	200 NE 2ND DRIVE
	HOMESTEAD, FLORIDA 33030
	MONDOLDER LIGHTER CO.
<del></del>	· · · · · · · · · · · · · · · · · · ·
	,
. •	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t	the date of filling: ON FILING (OPTIONAL)
(If an effective date is listed, the date must	the date of filing: ON FILING (OPTIONAL) the specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	$\times$
X /	
Signature of a mem	her or an authorized representativ of a member.
(In accordance with of this document ear that the facts content	section 608.408(3), Plorida Statutes, the execution stillutes an affirmation under the penalties of perjury
	SEPH F. SCIOLI JR.
	Typed or printed name of signee
Filling 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)

Page 2 of 2