

Division of Corporations

Page 1 of 1

LD000098042Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000245975 3)))



H060002459753ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201*BW*

DIVISION OF CORPORATION

06 OCT -6 PM 1:00

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCAFFOLDS ON DEMAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT -6 AM 9:02

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H

ARTICLES OF ORGANIZATION
OF
SCAFFOLDS ON DEMAND, LLC

FILED
06 OCT -6 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is **SCAFFOLDS ON DEMAND, LLC** (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

5835 Blue Lagoon Drive, Suite 300
Miami, Florida 33126

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Eduardo E. Robelo
5835 Blue Lagoon Drive, Suite 300
Miami, Florida 33126

Audit No. H

Audit No. H

ARTICLE V

The Limited Liability Company shall be manager-managed. The names and addresses of the initial Managers are:

Eduardo E. Robelo
5835 Blue Lagoon Drive
Suite 300
Miami, Florida 33126

Arnoldo R. Robelo
5835 Blue Lagoon Drive
Suite 300
Miami, Florida 33126

Michael A. Robelo
5835 Blue Lagoon Drive
Suite 300
Miami, Florida 33126


Eduardo E. Robelo,
as Authorized Representative of the Members

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Before me personally appeared Eduardo E. Robelo, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 6 day of October, 2006.



Alicia K. Lencina
My Commission DD282477
Expires March 05, 2008


Notary Public

Print Name: Alicia K. LencinaMy Commission expires: 3/5/2008

Audit No. H

Audit No. H

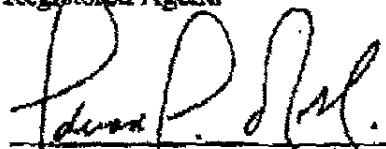
**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SCAFFOLDS ON DEMAND, LLC.
2. The name and address of the Registered Agent and Office is:

Eduardo E. Robelo
5835 Blue Lagoon Drive, Suite 300
Miami, Florida 33126

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



Eduardo E. Robelo, Registered Agent

Date: 10/06/2006

SCAFFOLDS ON DEMAND, LLC

By: 

Eduardo E. Robelo,
as Authorized Representative
of the Members

Audit No. H