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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. BRYAN SCT 2:3: 280E

COVER LETTER

| | tion Section of Corporations | | |
|---------------------|--|---|--|
| SUBJECT: | Aluminum Formi | ing Systems, LLC | |
| | (Name of Limite | d Liability Company) | and the second s |
| The exclosed Art | ides of Organization and for(s) are s | abrained for filing. | |
| Picase return all c | tomesponumice concerning this matte | x to the following: | |
| | Alva | no Jose Otoya | |
| | (| Name of Person) | - |
| | Sur | mmar Financial, LLC | |
| | { | Fine/Company) | |
| | 80 | SW 8th Street, Suit | e 2050 |
| | | (Address) | |
| | Mis | ımi. FL 33130 | |
| ************ | | Statz and Zip Code) | |
| For fariler infom | nation concerning this mater, please | | |
| Alvaro Jos | | 423-703 (Area Code & Deyrinse T | 8 |
| | (Name of Parson) | (Area Code & Deyrinse T | cuphone Number) |
| Enclosed is a ch | eck for the following amount: | | |
| □ \$125.00 Filim | Fee Sincon Filing Fee & Cerdificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is onelosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Making Address Registration Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314 | Street Courier Addre Rogistration Section Division of Componatio Clifton Building 7661 Executive Cente Tallahessee, FL 32301 | en Kir r Choic |

SECRETARY OF STATIONS
DIVISION OF COMPORATIONS
06.DCT/23 PM 4: 16



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2006

ALVARO JOSE OTOYA SUMMAR FINANCIAL, LLC 80 SW 8TH STREET, SUITE 2050 MIAMI, FL 33130

SUBJECT: ALUMINUM FORMING SYSTEMS, LLC

Ref. Number: W06000044818

We have received your document for ALUMINUM FORMING SYSTEMS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of application listing management & signature.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 806A00060869

Joey Bryan Document Specialist NEOR PH 4: 16

To: Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re:

Rejected Filing dtd 10/12/06

W 06000044818

Date: October 19, 2006

Per instructions from your office, attached please find the completed 2nd page of the Application for Aluminum Forming Systems, LLC. Your office is holding the filing fee submitted with the application that was previously submitted and filed by you on 10/12/06.

I trust this will complete the application. Thank you.

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| NICLES OF ORGANIZATION | FOR FLAMIDA ENVIRED LABILLET COMPANY |
|--|--|
| ARTICLE I - Name: | <u> </u> |
| The name of the Limited Liability Con | ripany is: |
| | S. S |
| Aluminum Forming Systems, LL | <u>c</u> |
| (Must end with the words "Limited Liability Comp | any, "Limited Company" or their atthreviation "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: | Mailing Address: |
| 80 SW 8in Street, Suite 2050 | 80 SW 8th Street, Suita 2050 |
| Miami, FL 33130 | Miarri FL 33130 |
| | |
| The name and the Florida street addres Al | varo Jose Otoya |
| The state of the s | Name |
| 8 | 0 SW 8th Street, Suite 2050 |
| Florid | a street address (P.O. Box NOT acceptable) |
| | Miami, FL 33130 |
| C | ity, State, and Zip |
| liability company at the place design | nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all |
| stabutes relating to the proper and con | mplete performance of my duties, and I am familiar with and an as registered agent as provided for in Chapter 608, F.S |
| aluni | 1. Obra |
| Registered Age | unt Adignerure (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:

| | Mor | Name and Address: |
|---|--|--|
| "MGR" = Mana "MGRM" = Ma | anaging Member | |
| 1/10/211 1/14 | maging momou | • |
| MGR | | Alvaro Jose Otoya |
| | | 80 SW 8th Street, #2050 |
| | | Miami, FL 33130 |
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| LE V: Effective fective date is li days after the o | e date, if other than the date must date of filing.) IGNATURE: | * |
| LE V: Effective fective date is li days after the o | e date, if other than the date must date of filing.) IGNATURE: Signature of a mem | be specific and cannot be more than five business days Observed The specific and cannot be more than five business days the specific and cannot be more than five business days observed than five business days |
| LE V: Effective fective date is li days after the o | e date, if other than the isted, the date must date of filing.) IGNATURE: Signature of a mem (In accordance with | the specific and cannot be more than five business days the or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury |
| LE V: Effective | e date, if other than the isted, the date must date of filing.) IGNATURE: Signature of a mem (In accordance with of this document cor | the specific and cannot be more than five business days the or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury |

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)