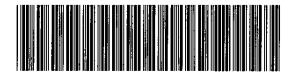
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
<i>,</i>
(Business Entity Name)
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**EXAMINER** 

## · COVER LETTER

TO:	Registration Division of C				
CUDI	ьст. Alum	i Systems, LLC			
SOBJ	EC1:		ted Liability Compa	ny)	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing		
		pondence concerning this mat	_		
	David R				
	David IX	0u550	(Name of Person)		
	(Firm/Company)				
	1711 NW 79th Ave				
			(Address)		
	Miami, F	<sup>F</sup> L 33126			
		(Cit	ty/State and Zip Code	)	
For fu	rther information	concerning this matter, pleas	e call:		
Dav	vid Rous	80	305	471_5918	
Day	(Name of Person)			& Daytime Telephone Number)	
Enclo	sed is a check f	or the following amount:			
_	125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \		certificate of Status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton Bi 2661 Exe	ourier Address on Section of Corporations uilding outive Center Circle ee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:	
Alumi Systems, LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1711 NW 79 Ave Miami, FL 33126	1711 NW 79 Ave Miami, FL 33126	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
The name and the Florida street address of the	e registered agent are:	7
David Rousso		
	•	
9227 SW 72nd /		
	<u>—</u>	
Miami, FL 33174		
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	David Rousso 9227 SW 79th Ave Miami, FL 33174
MGRM	Alberto Guerrero
	5591 NW 112nd Ave Apt 116 Doral, FL 33178
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the lif an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1672 S.

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.)

## **David Rousso**

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)