

L08000056068

Florida 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.

((H08000146716 3)))



H080001467163ABCD

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) 617-6383

Effective Date

06/01/08

From:

Account Name : JEFFREY M. JACOBS, C.P.A., P.A.
Account Number : 110516003447
Phone : (904) 260-0483
Fax Number : (904) 260-0348

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Duval Coatings and Insulation LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

08 JUN -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN -6 AM 8:43

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

EXAMINER

Effective Date

06/01/08

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

Duval Coatings and Insulation, LLC

Effective Date: **June 1, 2008**

ARTICLE II

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

11630-2 Columbia Park Drive

Jacksonville, Florida 32258

The mailing address of the Limited Liability Company is:

P.O. Box 56651

Jacksonville, Florida 32241

ARTICLE III

The purpose for which this Limited Liability Company is organized

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV

The name and Florida address of the registered agent is:

Pedro S. Montero

11057 Losco Junction Drive

Jacksonville, Florida 32257

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

FILED
08 JUN -6 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000146716 3

capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

Registered Agent Signature: _____

ARTICLE V

The name and address of managing members/managers are:

Title: MGRM
Pedro S. Montero
11057 Losco Junction Drive
Jacksonville, Florida 32257

Title: MGRM
Debra M. Merryman
P. O. Box 56651
Jacksonville, Florida 32241

FILED
08 JUN -6 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of member or an authorized representative of a member.

Signature: _____

Pedro S. Montero

Date

6/6/08

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.

Pedro S. Montero
Type or printed name of signee

H08000146716 3