L04000009623

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200142001642

01/27/09--01034--011 **125.00

EFFECTIVE DATE 1/26/09

B. KOHR

JAN 3 0 2009

EXAMINER



COVER LETTER

	stration Section of Corpo					
SUBJECT: _	Joe	Rowland	Aluninu	n Contro	retor L	<u>L</u> .C.
		(Name of Limi	ted Liability Compa	ny)		
The enclosed	Articles of O	ganization and fee(s) are	submitted for filing			
Please return a	ill correspond	lence concerning this ma	tter to the following:			
	Voe	Rouland			£	09 7
						至2
3	lae R	owland Al	nninn (Contractor	- 4.4	
		·	(Firm/Company)			70
/	6439	E. Turke	ex Trail			100
						Or V
L	Lernan	do, Fla. 3	4447			623
		(Ci	ty/State and Zip Code)		
		cerning this matter, pleas			Date	1/26/09
)	Roul	and	at 352	726-406	7 05 20	01-06286
<u></u>	(Name of	Person)	(Area Code	& Daytime Telepho	one Number)	<u> </u>
Enclosed is a	check for tl	ne following amount:				
☑ \$125.00 Fili		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	by C is enclosed) C	160.00 Filing Certificate of Certified Copy additional copy	Status &
	[Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Registration Opinion Clifton Board Execution Clifton Board Execution Clifton Board Execution Description Board Execution Description Board Execution Description Board Execution Description Descripti	of Corporations	le	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joe Rowlan	ed Aluminan Contractor L.L.C.	,
(Must end w	with the words "Limited Liability Company, "L.L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and	street address of the principal office of the Limited Liabili	ty Company is:
Principal Office Addres	s: Mailing Address:	
Joe Rowland	Alaninum Cont. L.L.C Die Rowland	
6439 F. Tu Hernando, E	Aleninum Cont. L.L. Die Rouland NEUT Tr. 1. 1. 34442 Hernand, C.1. 344	ナノ・ 42_
ARTICLE III - Register (The Limited Liability Company of business entity with an active Florida Property of the Property of th	red Agent, Registered Office, & Registered Agent's Sig cannot serve as its own Registered Agent. You must designate an individual	nature:
The name and the Florida)oc Rowland Name	100 JA
	Name	影 27
C	Florida street address (P.O. Box <u>NOT</u> acceptable)	LEO 27 H
, ,	Florida street address (P.O. Box NOT acceptable)	70.0
	Hernundo FL 34442	63
	City, State, and Zip	夏 帝
liability company at th	egistered agent and to accept service of process for the above he place designated in this certificate, I hereby accept the ap see to act in this capacity. I further agree to comply with the	pointment as

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.

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	doc Rowland 6439 E. Turkey Trl. Herrando, Gl. 34442
(Use attachment if necessand the V: Effective date, if other of the date of filing days after the date of filing the date of filing days after the date of the days after the date of the days after the	ner than the date of filing: //26/09. (OPTION ate must be specific and cannot be more than five business d
REQUIRED SIGNATUR	RE:

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)

Typed or printed name of signee