## L0900002332-1

	7	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
,		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		
	•	j
		İ
		,

Office Use Only



000144817820

03/09/09--01029--023 \*\*125.00

2009 MAR -9 PM 1: 39
SECRETARY OF STATE

T. CLINE

MAR 1,0 2009

**EXAMINER** 



Attorneys and Counselors at Law

Gary C. Johnson\* Jeffrey C. Miller William F. Schmitz Nicholas J. DeBaltzo, Jr.+ Eric M. Allain

Cleveland, OH 44113 (216) 696-5222 Fax: (216) 696-5288 www.jmslaw.net March 2, 2009

635 W. Lakeside Avenue

Suite 600

Florida Department of State **Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

Re: Rivets Unlimited, LLC

\* also admitted in NY

PJ Mainar ~

+ also admitted in FL

~ also admitted in PA

To Whom it May Concern:

Enclosed, please find the Articles of Organization for filing onbehalf of Rivets Unlimited, LLC, along with a check in the amount of \$125.00 to cover the filing fee, as well as the required cover letter.

Please file accordingly and return filed copies to the undersigned at your earliest convenience. Should you have any  $\omega$ questions, please feel free to contact me.

Very truly yours,

NJD/lh **Enclosures** 

729/merger/Florida/secretaryofstate-Rivets-030209

## **COVER LETTER**

TO: Registratio Division of	on Section Corporations				
SUBJECT: RIVE	ets Unlimited, LLC				
SUBJECT.	(Name of Limited	Liability Comp	any)		-
The enclosed Article	es of Organization and fee(s) are sul	bmitted for filin	g.		
Please return all corr	espondence concerning this matter	to the following	g:		
Nichola	s J. DeBaltzo Jr.				
<del></del>	(N	ame of Person)			<del></del>
Johnso	n, Miller & Schmitz	, LLP			
	<b>(</b> F	irm/Company)			<del></del>
635 We	est Lakeside Avenu	e, Suite	600	Amer	<b>~</b> 2
•		(Address)		320	
Clevela	and, Ohio 44113			AH,	RET I
	(City/S	State and Zip Cod	e)	S.C.	<b>1</b>
For further informati	on concerning this matter, please ca	all:		fr T	PH 1: 39
Nicholas J.	DeBaltzo Jr.	<sub>at (</sub> 216	, 696-522	22	39
(Na	ame of Person)	(Area Coo	de & Daytime Tele	ephone Number)	-
Enclosed is a checl	k for the following amount:				
\$125.00 Filing Fe	e \$\bigsiz\$\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is of	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Rivets Unlimited, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11828 Miramar Parkway	11828 Miramar Parkway
Hollywood, Florida 33025	Hollywood, Florida 33025
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration System (CT Corporation System)  Name  1200 South Pine Is  Florida street address of the Plantation, 33324  City, State, and	gistered agent are:  Stem  Iand Road  ess (P.O. Box NOT acceptable)  FL

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 capacity. I further agree to comply with the provisions of all 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.

Registered Agent's Signature (REQUIRED)

Gil S. Apelis, Asst. Secretary

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lyne Dandurand 2670 Paulus Street Montreal, Quebec, Canada H451G1
	TAS Zija
	ECRITIRY LLAHASSE
(Use attachment if necessary)	PH 1: 39
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL e specific and cannot be more than five business days
REQUIRED SIGNATURE:  Signature of a member	UUUUUU er or an authorized representative of a member.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution
	itutes an affirmation under the penalties of perjury nerein are true.)

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)