

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.

(((H09000125879 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACSTECK, LLC

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

MAY 2 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

5/20/2009

https://efile.sunbiz.org/scripts/efilcovr.exc EMPIRE CORP KIT

9696889908

21:21 6002/02/90

FILED

H09000 125879

2009 MAY 20 AM 8: 36

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Compan	y is:
ACS	TECK_LLC
[Must and with the words "Limited	Lisbilly Company," "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of ti	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15804 SW 48 MANOR MIRAMAR, FLORIDA 33027	SAME
	ered Office, & Registered Agent's Signature: Registered Agent. You must designede an individual or another
The name and the Florida street address of	the registered agent are:
' JOSE F	ERNANDEZ
, N	ame
15804 SV	V 48 MANOR
Carlotte and the second section and	O D NOT THE

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..

33027 pt City, State, and Zip

(CONTINUED)

H09000125879

"H09000 125879

FILED

2009 MAY 20 AM 8: 36

Page 1 of 2

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Titic:</u> "MGR" = Manago "MGRM" = Mana		Name and Address:
MGRM		YULA ARMAS
	-	15804 SW 48 MANOR
		MIRAMAR, FLORIDA 33027
MGRM	-	JOSE FERNANDEZ
		15804 SW 48 MANOR
		MIRAMAR FLORIDA
	-	
	-	·
(Use attachment if	necessary)	
-	•	
TO The Edition of the part of	ite, it gener than the : d. the dute must be	date of filing: (OPTIO
fective date is liste		
fective date is liste days after the date	e of filing.)	
fective date is liste days after the date	•	
lective date is liste	•	11 internal in the second
fective date is liste days after the date <u>REQUIRED</u> SIGI	NATURE:	Jour be foresery
fective date is liste days after the date REQUIRED SIGI	NATURE:	r or an authorized representative of a member.
fective date is liste days after the date REQUIRED SIGI	NATURE:	tion 698.408(3). Florida Statutes, the execution itutes an affirmation under the penalties of perjury
fective date is liste days after the date REQUIRED SIGI	NATURE: ignature of a member in accordance with sec of this document consti-	tion 698.408(3). Florida Statutes, the execution itutes an affirmation under the penalties of perjury
fective date is liste days after the date REQUIRED SIGI	NATURE: ignature of a member in accordance with sec of this document consti-	tion 608.408(3). Florida Statutes, the execution itutes an affirmation under the penalties of perjury oin are true.)

Page 2 of 2

H09000125879

5 5,00 Certificate of Status (Optional)