

L09000061268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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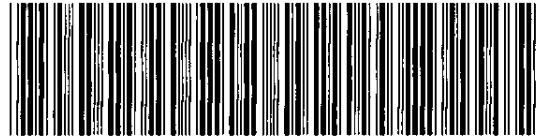
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 JUN 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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09 JUN 24 PM 4:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUN 24 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 047199 4321592

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 160.00

FILED
09 JUN 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 24, 2009

ORDER TIME : 3:35 PM

ORDER NO. : 047199-005

CUSTOMER NO: 4321592

DOMESTIC FILING

NAME: CONTINENTAL STUCCO PRODUCTS OF
FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Continental Stucco Products of Florida, LLC

(Must end 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 Liability Company is:

Principal Office Address:

4301-C Pleasantdale Road

Doraville, GA 30340

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael D. Hawks

Name

3001 Old Winter Garden Road

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL 32805

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.,

Michael D. Hawks

BY:

Michael D. Hawks
Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michael D. Hawks

3001 Old Winter Garden Road

Orlando, FL 32805

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: n/a (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Aisha Oliver-Staley, Authorized Representative

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)