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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 14 AM 5:04



10235 W. Sample Rd., Coral Springs, Fl. 33065

August 6, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

Enclosed is my application to incorporate as an L.L.C. my trade name of "Roof Management Solutions": As principal of the firm my name and address is the following:

Howard Lustgarten  
10235 W. Sample Rd., Ste. 201  
Coral Springs, Fl. 33065  
954 224-8785 (Cell)  
954-753-8303 (Office)  
Howard0734@aol.com

Enclosed with the forms is my personal check for \$130.00 to include the filing fee and Certificate of State. If I am missing anything in this documentation, please call or email me.

Respectfully submitted.

A handwritten signature in black ink, appearing to be "Howard Lustgarten", written over a horizontal line.

Howard Lustgarten

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Roof Management Solutions**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard Lustgarten

Name of Person

Roof Management Solutions

Firm/Company

10235 W. Sample Rd., Ste. 201

Address

Coral Springs, Fl. 33021

City/State and Zip Code

Howard0734@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Lustgarten

Name of Person

at ( 954 )

753-8303

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Roof Management Solutions, L.L.C.

(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:

#### Mailing Address:

10235 W. Sample Rd., Ste. 201

10235 W. Sample Rd., Ste. 201

### 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:

Howard Lustgarten

Name

1124 Yale Dr.

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

Hollywood, Fl. 33021 FL

City, State, and Zip

*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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
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**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

Howard Lustgarten

1124 Yale Dr.

Hollywood, FL 33021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Howard Lustgarten

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)**