(Red	questor's Name)	
(Add	dress)	
(Add	_ dress)	
(Cit)	//State/7in/Πhan	o #\
(Cit)	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
		•
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

G. MCLEOD

MAR 12 2010

EXAMINER



200171466532

03/10/10--01015--029 **130.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAG Design, Industrial Millwork of Florida LL 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:
CURTIS P SULPAY Name of Person
TIBER FENDERS Products, LLC
2141 Blown Road
Pompano Beach, FC 33069 City/State and Zip Code
CSUNDAY & TIGHTER Com Promail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosalya Supay at (954) 864-0787 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \frac{1}{3}\$130.00 Filing Fee & \$\bigcup \frac{1}{3}\$155.00 Filing Fee & \$\bigcup \frac{1}{3}\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 323017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAG Dosign, Transtrial Millusek of Floripa, Lic (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:

2141 Blown Para Po Box 9670

Pompano Bears FC Copal Principal FC

33069

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:

TIBER FEVESTRATion Products, LLC

Name

10613 Vestral Place

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

Coral Spring FL 33071

Gity, 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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 3-8-66. (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 antiorized 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.) 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)