L1000034960

(Re	equestor's Name)	
(Ac	idress)	
· (Ac	ldress)	
,	······································	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	,
,	,	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

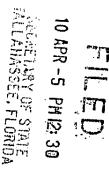
Office Use Only

EFFECTIVE DATE 4/01/10



100173824401

04/05/10--01049--012 **155.00



D. BRUCE

APR 6 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: TECHN	O FIRE CAULCKING L	.LC	
		ed Liability Company	**************************************
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
PATRIC BEN	IJAMIN		
		Name of Person	
TECHNO FIF	RE CAULKING LLC		
		Firm/Company	
2070 ALCAZ	AR DR		
***************************************	**************************************	Address	
MIRAMAR- F	LORIDA -33023		
PPBENJAMII	City N71@YAHOO.COM	y/State and Zip Code	10.
		or future annual report notification)	P R
For further information	concerning this matter, please	call:	\$ 5 F
BENJAMIN	Patric	at (954) 822-7016	FY OF S
Name	of Person	Area Code & Daytime Telepi	hone Number R. 3
Enclosed is a check f	or 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 Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

oility Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is:
ornerpal office of the Limited Liability Company is.
Mailing Address:
2070 ALCAZAR DR
MIRAMAR FLORIDA 33023
registered agent are:
ddress (P.O. Box NOT acceptable) FL 33033 State, and Zip
o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mer	nber
MGR	PATRIC BENJAMIN
	2070 ALCAZAR DR MIRAMAR FLORIDA 33023
	water the second
	•
(Use attachment if necessar ARTICLE V: Effective date, if other (If an effective date is listed, the date or 90 days after the date of filing	er than the date of filing All 2010. (OPTIONAL) the must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATUR	E:
Signature	of a member or an authorized representative of a member.
of this doc	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury
	ts stated herein are true.)
PATRIC	BENJAMIN Typed or printed name of signee
	Types of printed finite of signer
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)