# L10000071958

(Re	equestor's Name)	
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07/07/10--01013--006 \*\*125.00

Effective Date 06/29/10

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON JUL - 8 2010

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

ŢO:

SUBJECT: A-1 Tre	mco Industries, LLC.		
		ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Lee Ann Ken	nedy		
		Name of Person	
A-1 Tremco i	ndustries, LLC.		
		Firm Company	
2471 Country	Golf Drive		
		Address	
Wellington, F	lorida 33414		
	Cit	ty State and Zip Code	
LeeAnn2assi	stu@yahoo.com E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please		
Lee Ann Kennedy		_at ( 561 ) 667-8719	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
☑\$125,00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

# Effective Date 66/29/10

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICTOR		
ARTICLE I - Na		
ine name of the L	Limited Liability Co	ompany is:
A-1 Tremco Inc	dustries, LLC.	
(N	fust end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	
		ss of the principal office of the Limited Liability Company is:
J		, .,
Principal Office	Address:	Mailing Address:
1041 Silver Beach Roa	ad Ste. 72	Same
Riviera Beach, Florida 3	33404	
The Limited Liability C	Registered Agent, l Company cannot serve as active Florida registratio	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another n.)
The name and the	Florida street addre	ess of the registered agent are:
	Lee Ann Kenned	ly
		Name
	2471 Country G	olf Drive
	Flori	da street address (P.O. Box NOT acceptable)
	Wellington	FL 33414
		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..

observed rights a trigitation of the Court

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE OF VISION OF CORPORATIONS

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Lee Ann Kennedy 2471 Country Golf Dr.	
	Wellington, Fla 33414	
	-	
		· · ·
(Use attachment if necessary)		

#### **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.)

Lee Ann Kennedy

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)

Page 2 of 2