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SECRETARY OF STATE
ALL AHASSEE FLORID

C. LEWIS

AUG 3 1 2010

EXAMINER

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: ACE O	VERHEAD DOORS LL	С		
		ted Liability Com	pany	
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.	
Please return all corres	pondence concerning this man	tter to the following	ng:	
ERNEST E.	SEGERS			
		Name of Person		
ACE OVERH	EAD DOORS LLC			
		Firm/Company	11 12 11 11 11 11 11 11 11 11 11 11 11 1	
2910 INVER	NESS COURT			
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Address	······································	·
PENSACOLA	A, FL 32503			
	Cit	ty/State and Zip Co	de	
BUDSEGERS	S@HOTMAIL.COM E-mail address: (to be used)	for future annual re-	port notificatio	
For further information	concerning this matter, please		port nonneane	<i></i>)
	71			
BUD SEGERS	of Person	at (850	<u>516-229</u>	
Name	of Letson	Area Coo	ic & Daytime	Telephone Number
Enclosed is a check for	or the following amount:			
Ø\$ 125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 Fili Certified Co (additional co)	ору	\$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	Registra Division Clifton l	Courier Addr tion Section of Corporat Building secutive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACE OVERHEAD	OORSIIC		
		ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addres The mailing address and		the principal office of the Limited L	iability Company is:
Principal Office Addr	ess:	Mailing Address:	
2910 INVERNESS COURT		2910 INVERNESS COURT	
PENSACOLA, FL 32503		PENSACOLA, FL 32503	
(The Limited Liability Compan	y cannot serve as its ow	stered Office, & Registered Agent n Registered Agent. You must designate an indi	
(The Limited Liability Companbusiness entity with an active) The name and the Florid	y cannot serve as its ow Florida registration.) da street address o	on Registered Agent. You must designate an indi	vidual or another
(The Limited Liability Companbusiness entity with an active) The name and the Florid	y cannot serve as its ow Florida registration.)	on Registered Agent. You must designate an indi	vidual or another
(The Limited Liability Companbusiness entity with an active) The name and the Florid ERM	y cannot serve as its ow Florida registration.) da street address o NEST E. SEGER	n Registered Agent. You must designate an indi of the registered agent are: S Name	Vidual or another 2010 AUG 30 TAPLAHASSE
(The Limited Liability Companbusiness entity with an active) The name and the Florid ERM	y cannot serve as its ow Florida registration.) da street address on NEST E. SEGER	n Registered Agent. You must designate an indi of the registered agent are: S Name	Vidual or another 2010 AUG 30 FM SECRETARY OF
(The Limited Liability Compan business entity with an active) The name and the Florid ERN 291	y cannot serve as its ow Florida registration.) da street address on NEST E. SEGER	n Registered Agent. You must designate an indi of the registered agent are: S Name	Vidual or another 2010 AUG 30 FM SECRETARY OF
(The Limited Liability Compan business entity with an active) The name and the Florid ERN 291	y cannot serve as its own Florida registration.) da street address of NEST E. SEGER O INVERNESS (Florida struster)	on Registered Agent. You must designate an indicate of the registered agent are: S Name COURT reet address (P.O. Box NOT acceptable)	Vidual or another 2010 AUG 30 FM SECRETARY OF TARKETS TABLEAHASSEEST

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

FILED

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

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

2010 AUG 30 PM 5: 13

SECRETARY OF STATE

<u>Title:</u> "MGR" = Manager	Name and Address:	TALLAHASSEE
"MGRM" = Managing Member MGR	Ernest E Se 2910 Inverse lens FL 3	29ers 25 CT 2503
(Use attachment if necessary) FICLE V: Effective date, if other than the un effective date is listed, the date must be r 90 days after the date of filing.)	e date of filing: $\frac{8/23/10}{2}$ de specific and cannot be more than	(OPTIONAL) n five business days pri

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.)

Frank F Son

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)