

L10000115153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CVRIG GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art V
DATE 11/4/10
DOC. EXAM. _____

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11/01/10--01013--023 **155.00

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV -4 PM 4: 51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MaxBand Tool, LLC
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:

Craig Joseph Rooth

Name of Person

MaxBand Tool, LLC

Firm/Company

5644 Hwy 96 West

Address

Youngsville, NC 27596

City/State and Zip Code

cjrooth@aol.com

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

For further information concerning this matter, please call:

Craig Joseph Rooth

Name of Person

at (919) 605-8733

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2010

CRAIG JOSEPH ROTH
5644 HWY 96 WEST
YOUNGSVILLE, NC 27596

SUBJECT: MAXBAND TOOL, LLC
Ref. Number: W10000051215

We have received your document for MAXBAND TOOL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 11/01/10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 310A00025757

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MaxBand Tool, LLC

(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:

MaxBand Tool, LLC
675 South Gulfview Blvd., #1201
Clearwater Beach, Fla. 33767

Mailing Address:

MaxBand Tool, LLC
5644 Hwy. 96 West
Youngsville, NC 27596

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:

Craig Joseph Rooth

Name

675 South Gulfview Blvd. #1201

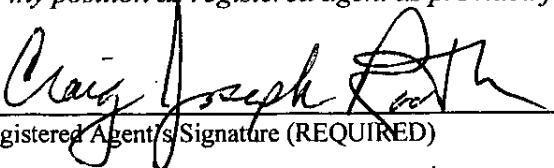
Florida street address (P.O. Box **NOT** acceptable)

Clearwater Beach, FL 33767

City, State, and Zip

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DIVISION OF CORPORATION
10 NOV -4 PM 4:51

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)

(CONTINUED)

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

Craig Joseph Rooth

675 South Gulfview Blvd., #1201

Clearwater Beach, Fla. 33767

MGRM

Darin Woods

675 South Gulfview Blvd., #1201

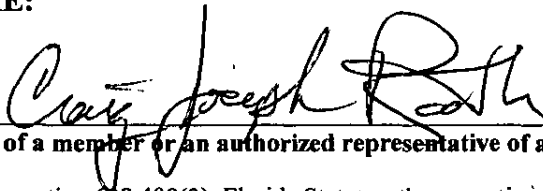
Clearwater Beach, Fla. 33767

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/11/10. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Craig Joseph Rooth

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)

FILED
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DIVISION OF CORPORATIONS
10 NOV -4 PM 4:51