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(City/State/Zip/Phone #)

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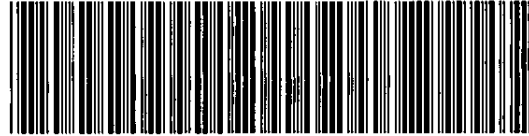
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2011 AUG 25 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Assure Roofing, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luigi Galascio  
Name of Person

Assure Roofing, LLC  
Firm/Company

3553 NW 104th Ave.  
Address

Oakland Park, FL 33309  
City/State and Zip Code

Lgalascio@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luigi Galascio at ( 954 ) 347-0806  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$100 Filing Fee    ☐ \$105 Filing Fee & Certificate of Status    ☐ \$130 Filing Fee & Certified Copy    ☐ \$135 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2011

LUIGI GALASCIO  
3553 NW 10TH AVE.  
OAKLAND PARK, FL 33309

SUBJECT: ASSURE ROOFING, LLC  
Ref. Number: L08000042292

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2011 AUG 25 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ASSURE ROOFING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on . Therefore, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 111A00017799

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Assured Roofing, 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:

3553 N.W. 10<sup>th</sup> Ave  
Oakland Park, FL 33309

#### Mailing Address:

3553 N.W. 10<sup>th</sup> Ave  
Oakland Park, FL 33309

### 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:

Luigi Galascio

Name

5900 SW 16<sup>th</sup> Ct

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

Plantation

FL

33317

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..*

Luigi Galascio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Luigi Galascio  
3553 N.W. 10th Ave  
Oakland Park, FL 33309

MGR

Candida Mazzella  
3553 N.W. 10th Ave  
Oakland Park, FL 33309

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2011 AUG 25 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

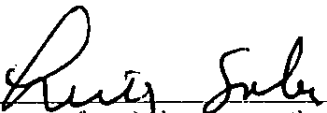
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Luigi Galascio  
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)