

3/26/12

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ssommerschuh@hotmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BC Sommerschuh Renovations LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 26 AM 9:15

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G. MCLEOD

MAR 27 2012

EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **BC Sommerschuh Renovations LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:10535 109th Street N.Seminole, FL 33778**Mailing Address:**10535 109th Street N.Seminole, FL 33778**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

The name and Florida street address of the registered agent are:

Scott Sommerschuh

Name

10535 109th Street N.(P.O. Box or Mail Drop Box NOT Acceptable)Seminole, FL 33778

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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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.

Scott Sommerschuh
Registered Agent's Signature - Scott Sommerschuh

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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.

Scott Sommerschuh - 10535 109th Street N., Seminole, FL 33778

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of member or 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.)

Scott Sommerschuh

Typed or printed name of signer