

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001522693)))



H120001522693ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

SECRE ARY OF STATE

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

Email Address:

IC JUN -7 FN F 19
SECRETARY OF STATE

## FLORIDA LIMITED LIABILITY CO. ARIOHN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

JUN -8 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/7/2012

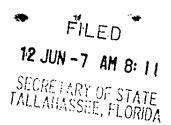
302233626

06/07/2012 14:32

**b∀**@E 01\03

EMPIRE CORP KIT

1412000152769



## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ability Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is
Mailing Address:
15903 STONETOWER STREET
DAVIE, FL 33331

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

WENDY WEISSGERBER
Name
15903 STONETOWER STREET

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

DAVIE

<sub>fl</sub> 33331

City, State, and Zip

Maying been raimed 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 duries, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

117000157769 969636908 75:37 2102/20/9

EMPIRE CORP KIT

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows; Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR WENDY WEISSGERBER 15903 STONETOWER STREET DAVIE, FL 33331 MGR John Weissgerber, III 15903 STONETOWER STREET **DAVIE. FL 33331** (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 meighter or an airthorized 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 faces 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 a.817.155, F.S.) WENDY WEISSGERBER Typed or printed name of signee Files Fees 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 2 30.00 Certified Copy (Optional)

Page 2 of 2

5 5.00 Certificate of States (Optional)