

L12000094340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

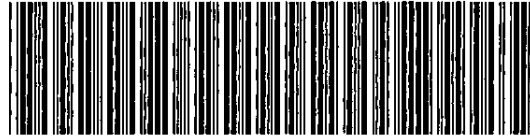
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200237099082

07/06/12--01027--009 **62.50

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12 JUL 19 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUL 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storm Zone Windows & Doors, 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:

Allen Perl

Name of Person

Firm/Company

1 Harbour Way Suite 307

Address

Bal Harbour, Florida 33154

City/State and Zip Code

miamigc@gmail.com

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

For further information concerning this matter, please call:

Allen Perl

Name of Person

at (305) 332-7174

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

FILED
12 JUL 19 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR

LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Storm Zone Windows & Doors, 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:

1 Harbour Way
Suite 307
Bal Harbour, Florida 33154

Mailing Address:

1 Harbour Way
Suite 307
Bal Harbour, Florida 33154

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:

Allen Perl

Name

1 Harbour Way Suite 307

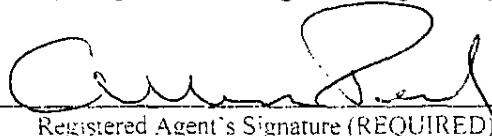
Florida street address (P.O. Box **NOT** acceptable)

Bal Harbour

FL 33154

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..



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:

MGRM

Allen Perl

1 Harbour Way Suite 307

Bal Harbour, Florida 33154

MGR M

Ronald Volk

1141 71st Street

Miami Beach, Florida 33141

(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.)

ALLEN PERL

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2012

ALLEN PERL
1 HARBOUR WAY
SUITE 307
BAL HARBOUR, FL 33154

SUBJECT: STORM ZONE WINDOWS & DOORS, LLC
Ref. Number: W12000036222

We have received your document for STORM ZONE WINDOWS & DOORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000100972,

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00018372

Allen Perl
1 Harbour Way #307
Bal Harobur, Florida 33154
305-332-7174

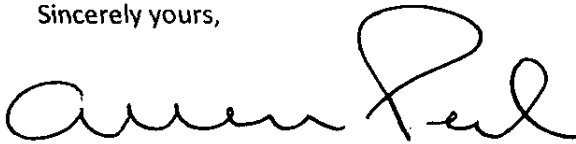
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re; Storm Zone Windows and Doors, LLC

Dear Sir/Madam:

This letter is to inform you that I have no intention of reinstating Storm Zone Windows and Doors LLC (L07000100972) and I further hereby provide consent to it's name's usage as applied for (see letter #312A00018372) with regard to (rejected) filing W12000036222.

Sincerely yours,

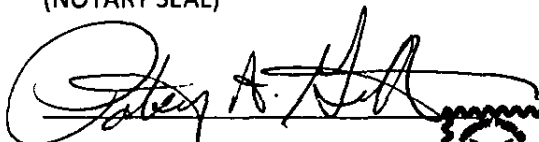


Allen Perl

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

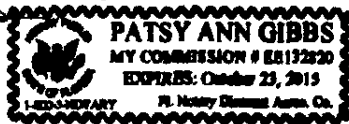
The foregoing instrument was acknowledged before me this 17th day of July, 2012, by Allen Perl.

(NOTARY SEAL)



Signature

Patsy A. Gibbs
Printed Name



Personally Known _____ OR Produced Identification XX
Type of Identification Produced: Florida Drivers License # P640-013-60-019-0