

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.

(((H12000228416 3)))



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

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

Page 2 1	Address:			
LIBRIL	ACCITESS:			

FLORIDA LIMITED LIABILITY CO. SCRAPYS, LLC

Certificate of Status	0
Certifled Copy	0
Page Count	03
Estimated Charge	\$125.00

B. KOHR

SEPEle8tr2012c Filing Menu

Help

EXAMINER

SEP 1 8 2012

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

9/17/2012

9696889908

29:Et Zt0Z/Lt/60

H12000228416

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

SCRAPYS, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

5025 KORBIN AVENUE ROCKLEDGE, FL 32955

ARTICLE IV

The name of the Managing Member (S) shall be:

MGRM HAMZEH GHIATH 5025 KORBIN AVENUE ROCKLEDGE, FL 32955

ARTICLE V

The name and Florida street address of the registered agent shall be:

BRANDY SAILER 27296 SE HIGHWAY 42 UMATILLA, FL 32784

H12000228416

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

SCRAPYS, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

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)

HAMZEH GIATH
Typed or printed name signee