

L13000016076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

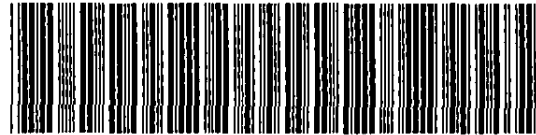
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FALL WHEELS OFFICE

J. SAULSBERRY
EXAMINER

JAN 31 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 514480 4730145

AUTHORIZATION :

COST LIMIT : *Spillman*

ORDER DATE : January 29, 2013

ORDER TIME : 8:49 AM

ORDER NO. : 514480-005

CUSTOMER NO: 4730145

DOMESTIC FILING

NAME: SPECIALTY EXTRUSION
MANAGEMENT LLC

EFFECTIVE DATE:

XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Specialty Extrusion Management 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:

Craig D. Grear, Esq.

Name of Person

Young Conaway Stargatt & Taylor, LLP

Firm/Company

1000 N. King Street

Address

Wilmington, DE 19801

City/State and Zip Code

lkinney@excelon.com

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

For further information concerning this matter, please call:

Craig D. Grear

Name of Person

at (302) 571-6612

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Specialty Extrusion Management 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:

48 Harbour House

Barracuda Lane

Key Largo, FL 33037

Mailing Address:

24 Dockside Lane

PMB 440

Key Largo, FL 33037

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..

Corporation Service Company

By: Stephanie Milnes Asst. V.P.

(CONTINUED)

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CLERK OF DISTRICT COURT
HALL COUNTY 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

MGRM

Name and Address:

D. Brooke Kinney

48 Harbour House, Barracuda Lane

Key Largo, FL 33037

(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.)

D. Brooke Kinney

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)

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2013 JAN 30 AM 8:30
CLERK OF STATE
TALLAHASSEE, FLORIDA