

Division of Corporations
L13000170952 Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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**FLORIDA LIMITED LIABILITY CO.
FLORIDA STORM PANEL SUPPLY LLC**

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

C. LEWIS

DEC 11 2013

EXAMINER

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December 10, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: FLORIDA STORM PANEL SUPPLY LLC
REF: W13000066999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Page 2 of the articles is not legible. Cant read most of the addresses.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H13000268324
Letter Number: 413A00027911

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13 DEC 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA STORM PANEL SUPPLY LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14475 NW 28 AV

OPALOCKA FL 33054

14475 NW 28 AV

OPALOCKA FL 33054

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:

MARIO CALLEJAS

Name

14475 NW 28 AV

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

OPALOCKA

FL 33054

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

X 
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:

MGR

MARIO CALLEJAS

2428 CORDOBA BEND

WESTON FL 33327

MGRM

CAROL AURICH

8741 SW 138 AV

MIAMI FL 33186

MGRM

THOMAS LLERENA

13874 SW 101 LANE

MIAMI FL 33186

MGRM

ODALIS POLIER

504 SW 133 AVENUE

DAVE, FL 33325

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/05/2013 (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:

X 
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.)

MARIO CALLEJAS

Typed or printed name of signer

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTINUATION OF: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV: Manager(s) or Managing Manager(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
<u>MGRM</u>	<u>Marvells Rodriguez</u> <u>4050 NW 135 STREET</u> <u>09-12</u> <u>OPA-LOCKA, FL 33054</u>
<u>MGRM</u>	<u>CARLOS DE LA UZ</u> <u>8364 E 6 AVENUE</u> <u>MIAMI, FL 33033</u>

REQUIRED SIGNATURE:

X 

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.)

MARIO CALLEJAS

Typed or printed name of signee