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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIDWEST STEEL TAUS 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:
Roger Black Name of Person
Name of Person
MIDWEST STEEL TRUSS CLC Firm/Company
88 Hisiscus Or Address
PUTTA GUISA FL. 33950
City/State and Zip Code  Black, Rusca a SSC 910516, NET  E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Rogen Alack at (541) 455-8464  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MILWEST STORE TRASS CLC  (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: Mailing Address:
BY HISING DA FL 33950 SAME
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:
ROSER BALL
ROGER BIOLICE Name  88 HISISCUS DO
Florida street address (P.O. Box NOT acceptable)
PUNTA GUNDA FL 9 33950 City 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 605, F.S
28
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

The name and address of each	
Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:  ROGEN BIACIC  88 HISISGUS DC  PUNTA GUNDA FL. 33950
AMBR	Julie Black SX HISISCUS OF PUTA GUISA FC 33550
(Use attachment if necessary)  CLE V: Effective date, if other thi	an the date of filing: /-//-/-/- (OPTIONAL)
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature (In accordance with constitutes an affiliam aware that a	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
Signatu (In accordance wire constitutes an aff I am aware that a	th section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true.  In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signatu  (In accordance wire constitutes an aff I am aware that a constitutes a third	th section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true.  In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  cles of Organization and Designation of Registered Agent ptional)

ARTICLE IV-