

L14000034612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

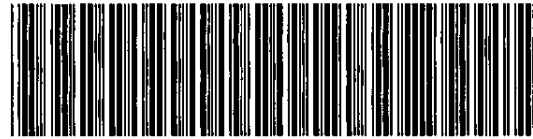
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/27/14--01019--016 **130.00

EFFECTIVE DATE 03-01-14

2014 FEB 27 10 30 AM
CLERK

B. BOSTICK
FEB 28 2014
EXAMINER

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEADS UP COMPOSITES L.L.C.

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Cimino, E.A.
Robert M. Cimino Inc.
845 8th Street
Vero Beach, FL 32962

robert@robertciminoinc.comcastbiz.net

For further information concerning this matter, please call:

Robert M. Cimino at 772-562-1659

Enclosed is a check for the following amount:

A check for \$130.00 Filing Fee & Certificate of Status is enclosed.

FILED
2014 FEB 27 PM 3:27
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

Heads Up Composites L.L.C.

ARTICLE II

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

Principal Office Address:

353 15th Place SW
Vero Beach, FL 32962

Mailing Address:

353 15th Place SW
Vero Beach, FL 32962

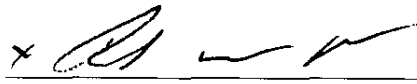
ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature: -

The name and the Florida Street Address of the registered agent are:

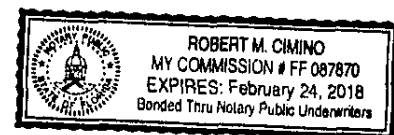
Robert Rule
353 15th Place SW
Vero Beach, FL 32962


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 proved for in

Chapter 605.F.S..

x 

Registered Agent: Robert Rule




2/22/14

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

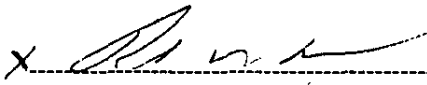
<u>Title</u>	<u>Name and Address:</u>
AMBR	Robert Rule 353 15 th Place SW Vero Beach, FL 32962
MGR	Lisa Rule 353 15 th Place SW Vero Beach, FL 32962

ARTICLE V: Effective date, if other than the date of filing: March 1, 2014.

ARTICLE VI: Other provisions, if any.

None

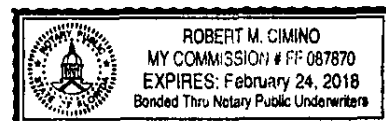
REQUIRED SIGNATURE:


x 

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Robert Rule
Typed or printed name of signer




2/25/14