

L15000174408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500277776275

10/07/15--01010--002 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT - 7 AM 11:22

K 10/14/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Action Roofing of South Florida, 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:

W. Matthew Kearce, Esq.

Name of Person

Pigott, Pigott & Kearce, P.A.

Firm/Company

824 U.S. Highway One, Suite 320

Address

North Palm Beach, FL 33408

City/State and Zip Code

wmk@pigott-law.com

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

For further information concerning this matter, please call:

W. Matthew Kearce, Esq. 561 842-4922
at ()
Name of Person 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Action Roofing of South Florida, 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:

5265 East Leitner Drive
Coral Springs, FL 33067

Mailing Address:

5265 East Leitner Drive
Coral Springs, FL 33067

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:

Charles Edward DiFalco

Name

5265 East Leitner Drive

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

Coral Springs

FL

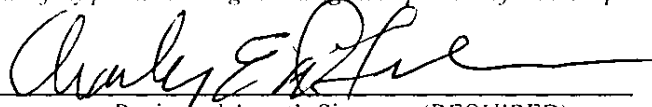
33067

City

State

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

B: h



BRIAN CROOK
MY COMMISSION # FF 039430
EXPIRES: March 9, 2018
Bonded Thru Budget Notary Services
2/27/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT - 7 AM 11:22

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Charles Edward DiFalco

5265 East Leitner Drive

Coral Springs, FL 33067

AMBR

Charles Vitale DiFalco, II

5265 East Leitner Drive

Coral Springs, FL 33067

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT - 7 AM 11:22

(Use attachment if necessary)

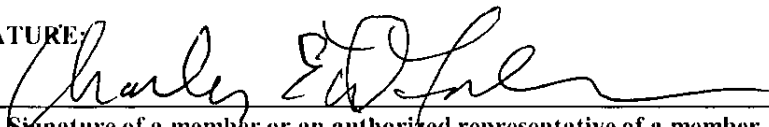
ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles Edward DiFalco

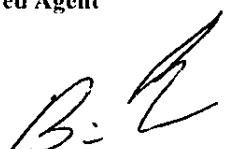
Typed or printed name of signee

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)


BRIAN CROOK
MY COMMISSION # FF 099430
EXPIRES: March 9, 2018
Bonded Thru Budget Notary Services
9/14/15

