L1100073387

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		-

Office Use Only



700297554547

04/04/17--01002--003 **125.00

04/04/17--01002--010 **30.00

DEPARTMENT OF STATE

C. GOLDEN APR - 4 2017 TOTAL PILET

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STEEL BUILDING	S WORLD LI	LC		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File 8 25 Pro-
				Fictitious Name File
				Trade/Service Mark
			ļ 	Merger File
				Art, of Amend. File & & &
				KA Kesignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			- —	Fictitious Owner Search
				Vehicle Search
			⁻	Driving Record
Requested by: SETH				UCC 1 or 3 File
Name	Date	Time	-	UCC 11 Search
				UCC 11 Retrieval
Walk-In Thomasule GA 87		p		Courier

COVER LETTER

	w Filing Section vision of Corporations		•
SUBJECT	STEEL BUILDINGS WORLD LL	c	
SOD DC I	Name of I	Limited Liability Company	
The enclosed	d Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
1	ROMAN S. ROMANOWICZ		
_		Name of Person	
:	STEEL BUILDINGS WORLD LLC	!	
-		Firm/Company	
•	7507 SANTA CLARA BLVD		
-		Address	
J	FORT PIERCE, FLORIDA 34951		
-		City/State and Zip Code	
	E-mail address: (to be us	ed for future annual report notification	on)
For further inf	ormation concerning this matter, ple	ase call:	
F	ROMAN S. ROMANAWICZ	772 359-9182	
-	Name of Person	Area Code Daytime Telephone	Number
Enclosed is a	a check for the following amount:		
\$125.00 Fill	ng 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	Street Address	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallehassee, 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

**	,	:	***	•
	٠	i	, 154	- 1
5	-	1 147	. 443	,

ARTICLE	I-	Name:		

The name of the Limited Liability Company is:

2017 AFR - 4 PH 4: 33

STBBL BUILDINGS WORLD LLC

(Must contain 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:

Frincipal Utiles Address:	Maning Address:
7507 SANTA CLARA BLVD	7507 SANTA CLARA BLVD
FORT PIERCE, FL 34951	FORT PIERCE, FL 34951

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:

ROMAN S. ROMAN	OWICZ	
	Name	
7507 SANTA CLAR	A BLVD	
Plorida street address	s (P.O. Box <u>NOT</u> acce	ptable)
FORT PIERCE	FLORIDA	34951
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)

		•
	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MOR" = Manager AMBR	ROMAN S. ROMANOWICZ
	711/10/1	7507 SANTA CLARA BLVD
		FORT PIERCE, FL 34951
	4 3 4 D.D.	
	AMBR	MICHELLE L.ROMANOWICZ
		7507 SANTA CLARA BLVD FORT PIERCE, FL 34951
		FORT PIERCE, FL 34931
	(Use attachment if necessary)	
	•	
	CLEV: Effective date if other than the d	lote of filing: (ODTIONAL)
ARTI	~~~ miread to mand) it a district direct district	(OF HOWAL)
ARTI (If an	effective date is listed, the date must be	late of filing:, (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
the da	te of filing.)	
the da Note:	te of filing.) If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed as
the da Note:	te of filing.)	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no cument's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no cument's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no cument's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no cument's effective date on the Department of the Uther provisions, if any.	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does no cument's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be coment's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ot meet the applicable statutory filing requirements, this date will not be listed as
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be coment's effective date on the Department's effective date of the Department's effective date on the Department's effective date of the Department's effective date	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be comment's effective date on the Department of the University of the Department's effective date on the Department's effective date on the Department of the University of the Universit	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be comment's effective date on the Department's environment's extended and the Department's effective date on the Department's effective date of the Department's effetive date of the Department's effective	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. Manual
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be comment's effective date on the Department's environment's extended and the Department's effective date on the Department's effective date of the Department's effetive date of the Department's effective	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
the da <u>Note:</u> the do	te of filing.) If the date inserted in this block does not be comment's effective date on the Department's environment's environment's extended and the constitutes a third department is extended and the constitutes a third department is extended and the constitutes are constituted and the constitutes and the constitutes and the constitutes are constituted and the constitutes and the constitutes and the constitutes and the constitutes and the con	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. Manual

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)