

10/2/2017

Division of Corporations

L170000203196

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000258459 3)))



H170002584593ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: _____

RECEIVED

17 OCT -2 PM 4:39

FLORIDA DEPARTMENT OF
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. All Products Installation Services, LLC

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

2017 OCT -2 PM 12:28

2017 OCT -2 PM 12:28

01: PM

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FAX AUDIT # H170002584593

**ARTICLES OF ORGANIZATION
OF
All Products Installation Services, LLC**

ARTICLE I NAME

The name of the limited liability company is: All Products Installation Services, LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 2505 East Bay Drive Lot 22, Largo, Florida 33771.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Selinda Bogenschutz, 2505 East Bay Drive Lot 22, Largo, Florida 33771. Located in the County of Pinellas.

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.

Signature:

Selinda Bogenschutz
Selinda Bogenschutz

Date:

Sept 29, 2017

2017 OCT
PM 12:28

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

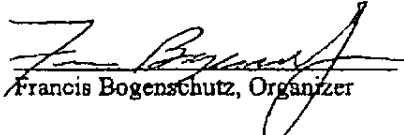
Francis Bogenschutz, 2505 East Bay Drive Lot 22, Largo, Florida 33771

FAX AUDIT # H170002584593

FAX AUDIT # H170002584593

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Francis Bogenschutz, Organizer

Date: Sep 29 2017

Authorized Representative

(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.)

FAX AUDIT # H170002584593