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(Requestor's Name) (Address) (Address)	000235119830		
(City/State/Zip/Phone #) City/State/Zip/Phone #) PICK-UP MAIT MAIL (Business Entity Name) (Document Number)	05./21/1201037025 **160.00		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LWIC Decks, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lautaro de la Cruz

Name of Person

LWIC Decks, L.L.C.

Firm/Company

15303 Alma Mater Ct.

Address

Baton Rouge, LA 70810

City/State and Zip Code

lautaro@roofingsolutionsla.com

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

E.

For further information concerning this matter, please call:

Christina Brogan	_{at (} 985) 969-9	
Name of Person	Area Code & Daytime Telephone	Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	21 PH 12: 18 SSEE. FLORIDA
Enclosed is a check for the following an \$125.00 Filing Fee \$130.00 Filin Certificate of	g Fee & 🗂 \$155.00 Filing Fee & 🔽 \$1	60.00 Filing Fee, Certificate f Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LWIC Decks, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

Baton Rouge, Louisiana
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. <u>45-3542910</u>

(FEI number, if applicable)

4. September 29, 2011 (Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 15303 Alma Mater Ct, Baton Rouge, LA 70810

		r .		
	(Street Address of Principal Office)	E.	12	
8.	If limited liability company is a manager-managed company, check here 🗹	AHAS	HAY 2	61-4. 5 1677-2- 1,1977-7
9.	The name and usual business addresses of the managing members or managers are as	follows	:	1 51
	Tupac de la Cruz, 15303 Alma Mater Ct, Baton Rouge, LA 70810		H 12:	î.
	Lautaro de la Cruz, 15303 Alma Mater Ct, Baton Rouge, LA 70810	RIUA	8	

Dean Morton, 15303 Alma Mater Ct, Baton Rouge, LA 70810

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Commercial roofing

contractor; to develop construction projects

Si	ignature of a member or an authorized representative of a member.
	e with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the perjury that the facts stated herein are true. I am aware that any false information submitted in a
	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Т	upac de La Cruz

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LWIC Decks, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

	(Name)	
515 East Park Avenu	18	TALL 12
Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee	FT, 32301	Y 2 I Asse

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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 608, Florida Statutes,

NRAI Services, Inc Jessica Metzger, Assistant Secretary Signature) \$ 100.00 **Filing Fee for Application**

\$ 25.00 Designation of Registered Agent

- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)



As Secretary of State, of the State of Louisiana I do hereby Certify that

the Articles of Organization of

LWIC DECKS, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 29, 2011,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 16, 2012

Secretary of State

Web 40629107K



Certificate ID: 10273896#N8Q83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed. www.sos.louisiana.gov