

LO7000026801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  -WAIT  MAIL

(Business Entity Name)

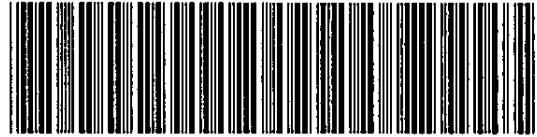
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RECEIVED  
07 MAR 12 AM 11:56  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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07 MAR 12 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TECHNOSHUTTERS MANUFACTURING LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: TECHNOSHUTTERS MANUFACTURING LLC

ARTICLE II- Address:

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

7135 Collins Ave., Unit #1015, Miami Beach, FL. 33141

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

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

HECTOR L. GRINSZPUN

Name

7135 Collins Ave #1015

Florida street address (P.O Box NOT acceptable)

Miami FL 33141

City, State, and Zip

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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 and accept the obligations of my positions as registered agents as provided for in chapter 608, F.S..

[Handwritten Signature]

Registered Agent's Signature

ARTICLE IV\_ Management ( Check box if applicable)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager- managed company.

( An additional article must be added if an effective date is requested)

In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

[Handwritten Signature] Signature of a member/Manager

[Handwritten Signature] Signature of a member/Manager

Signature of a member/Manager

Signature of a member/Manager

HECTOR L. GRINSZPUN  
Typed or printed name of signee

VIVIANA E. DURAN  
Typed or printed name of signee

Typed or printed name of signee

Typed or printed name of signee