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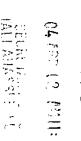
(Requestor's Name)			
(Address)			
Forms and Service Center of Sarasota (941) 366-8896 Fax (941) 37 3003 So. Tamiami Trail, Sarasota, FL 34239	73-9875		
(City/State/Zip/Phone #)	04/12/0401076019		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



29

**125.00





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AQUA SHADE, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	Mailing Address:		
6001 Brown Lane	6001 Brown Lane			
Sarasota, FL 34232	Sarasota, FL 34232			
		_		

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

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

	THOMAS RUSSIN
_	Name
	6001 BROWN LANE
	Florida street address (P.O. Box NOT acceptable)
	SARASOTA _{FL} 34232
_	City, State, and 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Membe	r		
"MGR"	Thomas Russin		
	6001 Brown Lane		
	Sarasota, FL 34232		
"MGR"	Melanie Russin		
	6001 Brown Lane		
	Sarasota, FL 34232		
(Use attachment if necessary)			
NOTE A LIVE I ALL	A P. C. T. R. T. C.		
NOTE: An additional article	must be added if an effective date is requested.		
REQUIRED SIGNATURE:			
5	- ()		
Signature of	a member or an authorized representative of a member.		
of this docum	(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.)		
that the facility	<u></u>		
	Typed or printed name of signee		
	- 1 kan av kamma - amma av avo naa		
	Filing Fees:		

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2