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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 583-4117

LIMITED LIABILITY COMPANY

SHORELINE SHUTTERS, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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L00-7807

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Clerk

Clerk

Acknowledgment

W. P. Verma

7/3/00 9:11 AM

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**ARTICLES OF ORGANIZATION
FOR SHORELINE SHUTTERS, L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is SHORELINE SHUTTERS, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 945 Fellanere Road, Suite 3, Sebastian, Florida 32958.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual until it is dissolved and its affairs wound up in accordance with the Operating Agreement duly adopted by this Limited Liability Company and the Florida Statutes.

ARTICLE IV - Management:

The Limited Liability Company is to be a manager-managed company. The initial manager shall be ROBERT LAVENDER.

ARTICLE V - Purpose:

This Limited Liability Company shall have the right to operate for any lawful purpose permitted under the laws of the State of Florida.

ARTICLE VI - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Operating Agreement duly adopted by this Limited Liability Company.

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ARTICLE VII - Members Rights to Continue Business:

The right, if given, of the remaining members of this Limited Liability Company to continue the business on the death, retirement, resignation, exclusion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be by unanimous agreement as provided in the Operating Agreement duly adopted for the Limited Liability Company.

ARTICLE VIII - Registered Agent

WILLIAM BALLOUGH, whose street address is 945 Fellsmere Road, Suite 3, Sebastian, Florida 32958, is appointed as the initial Registered Agent, for service of process, in this State for this Limited Liability Company.

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

William Ballough

WILLIAM BALLOUGH

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

Sworn to and subscribed before me by **WILLIAM BALLOUGH** this 30 day of

June, 2000.

Burney J. Carter

Signature of Notary Public

Burney J. Carter

(Print, type, or stamp commissioned name of Notary Public)



Burney J. Carter
Commission # CC 778918
Expires OCT. 15, 2002
BONDED THRU
ATLANTIC BONDING CO. INC.

Personally known X or produced identification _____
Type of identification produced _____

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ALLAHASSEE, FLORIDA

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CONSENT OF REGISTERED AGENT

Having been named as Registered Agent for this Limited Liability Company at the registered office designated in the foregoing Articles of Organization, the undersigned is familiar with and accepts the obligations of this designation as provided for in Chapter 608 of the Florida Statutes.

Dated this 30 day of June, 2000.



WILLIAM BALLOUGH
Registered Agent

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 607.0501, Florida Statutes, the following is submitted:

SHORELINE SHUTTERS, L.C.

First that SHORELINE SHUTTERS, L.C., desiring to organize or qualify under the laws of the State of Florida, has named:

WILLIAM BALLOUGH
945 Fellsmere Road, Suite 3
Sebastian, Florida 32958

as its agent to accept service of process within Florida

Dated this 30 day of June, 2000.



WILLIAM BALLOUGH

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 30 day of June, 2000.



WILLIAM BALLOUGH

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