

FEB-12-01 MON 09:48 AM

FAX NO.

P. 01/03

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : T19990000180

Phone : (305) 357-5775

Fax Number : (305) 357-5776

LIMITED LIABILITY COMPANY

Shutter Quality Assurance Group, LLC

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

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Corporate Filing

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<https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe>

2/12/2001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01 FEB 12 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shutter Quality Assurance Group, LLC

ARTICLE II - Address:

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

12040 Miramar Parkway
Miramar, Florida 33025**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald R. Filedstone

Name

201 Alhambra Circle Suite 600

Florida street address (P.O. Box NOT acceptable)

Coral Gables, Florida 33134

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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
Article IV - Management (Check box if applicable.)

☒ 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)


 Dated TO: _____
 Signature of a member or an authorized representative of a member.

(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.)

Jeffry T. Robinson

Typed or printed name of signer

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**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:

Shutter Quality Assurance Group, LLC

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

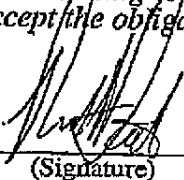
Ronald R. Fieldstone
(Name)

201 Alhambra Circle Suite 600
Florida street address (P.O. Box NOT ACCEPTABLE)

Coral Gables, Florida 33134
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Signature)

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