

February 14, 2001

200003719352--9 -02/19/01--01148--013 ****160.00 ****160.00

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Atlas Daylighting, Inc.

Registered Agent/Registered Office

Dear Sir or Madam:

Enclosed please find a completed Certificate of Designation of Registered Agent/Registered Office and a check in the amount of \$160.00.

We are requesting a letter of acknowledgment upon your receipt of the above granting permission to transact business in the State of Florida.

Sincerely yours,

ATLAS DAYLIGHTING LLC

Matt Skiles, CPA Controller

Fax 765-429-6119



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 20, 2001

MATT SKILES 4740 SWISHER ROAD W. LAFAYETTE, IN 47906

SUBJECT: ATLAS DAYLIGHTING, LLC

Ref. Number: W01000004001

We have received your document for ATLAS DAYLIGHTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 701A00010665

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	iability Company is:	
ATLAS	DAYLIGHTIME LLC	
ARTICLE II - Address: The mailing address and str	reet address of the principal office of the Limited Liabili	ity Company is:
1625 L		
	SLAND, FL 34145	
ARTICLE III - Registered	d Agent, Registered Office, & Registered Agent's Sig	nature:
The name and the Florida s	treet address of the registered agent are:	
	TINA DILLON	•
-	Name	•
•	Florida street address (P.O. Box NOT acceptable)	•
_	MARCO ISLAND FL 34145	
•	MARCO ISLAND FL 34145 City, State, and Zip	
	complete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S Jma DULO One of the complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties, and I am familiar with a second complete performance of my duties.	and accept the
	Registered Agent's Signature	
	ot (Check box if applicable.) Company is to be managed by one manager or more managed company.	anagers and is,
•		고급 큰
(An additi	onal article must be added if an effective date is request	<u> </u>
Signatu	re of a member or an authorized representative of a member.	
of this	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury e facts stated herein are true.)	ED PM 5: 00
	Typed or printed name of signee	ta .
	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)

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 I	Limited Liability Company is:	
	ATLAS	DAYLIGHTING, LLC	
2.	The name and the	e Florida street address of the registered agent and office are:	
	_	TINA DILLON - ATLAS DAYLIGHTING LLC (Name)	
		Florida street address (P.O. Box NOT ACCEPTABLE)	
		MARCO ISLAND, FL 34145 City/State/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..

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)