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Division of Corporations George Firestone Building 409 East Gaines Street Tallahassee, FL 32301 Via Hand Delivery

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To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF CORRECTION**, along with a check in the amount of \$55.00 for the applicable filing fees and fees to obtain a **Certified Copy** for the following entity:

WINDOW WORKS, LLC Document No. L01000013952

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Jill W. May, Paralegal

/jwm Enclosures ATE RECEIVED

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>T</u> :	The name of the limited liability company is: Window Works, LLC	
SECOND:		The articles of organization or the application to transact business	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:		
	-	ame of the limited liabliity company was misstated. company is: Custom Concepts, LLC	The correct name of
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
			DI MIC 29
Dated:	Augus	Signature of a member or authorized representative of a member	PH 3: 52
		Thomas E. Cook Typed or printed name of signee	* • • • • • •
		Filing Fee: \$25.00	

\$30.00 (optional)

Certified Copy:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: WINDOW WORKS, LLC

ARTICLE II - Address:

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

430 Kane Street Oviedo, FL 32765

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

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

Michael E. Neukamm Name 301 E. Pine Street, Suite 1400 Florida street address (P.O. Box NOT acceptable) Orlando, FL 32801 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

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

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.)

Typed or printed name of signee

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)

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