

10300000 8214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

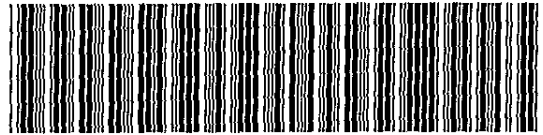
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DIVISION OF CORPORATIONS
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Effective-3-1-03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 5, 2003

BULLDOG SHUTTERS
6200 METROPLEX DRIVE
FORT MYERS, FL 33912

SUBJECT: BULLDOG PRODUCTS, LLC
Ref. Number: W03000006269

We have received your document for BULLDOG PRODUCTS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00013906

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Exclusive Distributor for
Shutter Products International, LLC

6200 Metroplex Drive • Fort Myers, FL 33912 • (239) 939-3990 • Fax (239) 939-3990

www.bulldogshutters.com

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida

February 28, 2003.

Re: Bulldog Products, LLC.

Enclosed are Articles of Organization, in duplicate and a check for the amount of \$100.00 for a filing fee for Bulldog Products, LLC.
Please organize this business as of March 1, 2003.

Please mail the charter issued to the undersigned at the above address.
Thank you for your prompt attention to this matter.

Sincerely,

Gregory Allowe
President

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Bulldog Products, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
6200 Metroplex Drive, Fort Myers, FL 33912

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

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

Gregory Allowe

Name

6200 Metroplex Drive

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

Fort Myers, FL 33912

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

(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.)

Laurence C. Kozlicki

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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