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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2003

CLARK H. JEPSON 3257 LAUREL DALE DRIVE TAMPA, FL 33618-1045

SUBJECT: AGELESS AWNINGS-SOUTHEAST L.L.C.

Ref. Number: W03000010572

We have received your document for AGELESS AWNINGS-SOUTHEAST L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6094.

Letter Number: 003A00022286

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Ageless Awwings- Southeast L.L.C.

ARTICLE II - Address:

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

P.O. BOX 270621, TAMPA, FL 33688-0621 3257 Lawrel Dale Dr., TAMPA, FL 33618-1045 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CLARK H. J	Teps.	هم ا	
Name			
3257 Laurel 7	sale '	Drive	
Florida street address (P.O. Box NOT acceptable)			
TAMOA	FL	33618-1045	
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 ageny as provided for in Chapter 608, F.S.

(An additional article must be added if an effective date is requested)

Signature of a member or in authorized rep esentative 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.)

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)