

L0300050933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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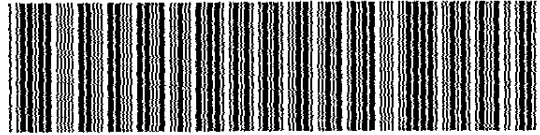
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*WJL*  
*W03-36125*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 3, 2003

GEORGE SCHMEHL  
1748 COFIELD DR.  
DELTONA, FL 32738

SUBJECT: WINDOW SPECIALTIES & SALES L.L.C.  
Ref. Number: W03000036125

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03 NOV 21 PM 14:03  
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TALLAHASSEE, FLORIDA

We have received your document for WINDOW SPECIALTIES & SALES L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 003A00064823

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Window Specialties + Sales  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Schmehl  
(Name of Person)

Window Specialties + Sales  
(Firm/Company)

1748 CoField Dr.  
(Address)

Deltona, FL 32738  
(City/State and Zip Code)

For further information concerning this matter, please call:

George Schmehl at (386) 789-0967  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Window Specialties + Sales L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1748 Cosfield Dr.  
Deltona, Fl 32738

1748 Cosfield Dr.  
Deltona, FL 32738

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

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

George Schmehl  
Name

1748 Cosfield Dr.  
Florida street address (P.O. Box NOT acceptable)

Deltona FL 32738  
City, State, and Zip

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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..

George Schmehl  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

George Schmehl

1748 Cobfield Dr

DELTONA, FL 32738

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

GEORGE SCHMEHL

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.)

GEORGE SCHMEHL

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)