

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : INCORPORATETIME.COM, INC.  
Account Number : T19990000221  
Phone : (631)224-9004  
Fax Number : (631)589-2848

## LIMITED LIABILITY COMPANY

S&amp;S Storm Shutters LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I: NAME:**

The name of the Limited Liability Company is:

S&S Storm Shutters LLC

**ARTICLE II: ADDRESS:**

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

22841 N RIVER RD, ALVA, FL 33920

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

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

MARCUS SMITH  
22841 N RIVER RD  
ALVA, FL 33920

*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..*

Marcus Smith

Registered agent's signature

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**ARTICLE IV: MANAGEMENT (Check if applicable).**

— The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -- managed company.

**ARTICLE V: The initial member(s) of the Limited Liability Company is/are as follows:**

MARCUS SMITH 22841 N RIVER RD, ALVA, FL 33920

Marcus Smith  
MARCUS SMITH, 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.)

MARCUS SMITH, Member

SECRETARY L. S. JAMES  
TALLAHASSEE, FLORIDA

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