

# L04000016449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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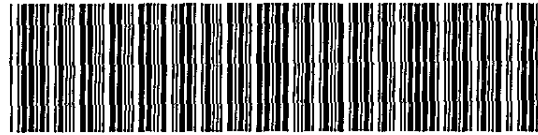
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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: A1 - DRAPERY Installation, L.L.C.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 1600.00.

FROM:

Roberto Perez  
Name  
838- Woodcrest Cove  
Address  
Longwood, FL 32750  
City, State, & Zip  
(305) 331-8176  
Telephone Number

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Note: Additional copy of articles is needed when certified copy is requested.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

*A I DRAPERY Installation, L.L.C.***ARTICLE II - Address:**

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

*838 Woodcrest Cove  
Longwood, FL 32750***ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

*Roberto Perez*  
 Name  
*838 Woodcrest Cove*  
 Florida street address (P.O. Box NOT acceptable)  
*Longwood FL 32750*  
 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.

*x Roberto Perez*  
 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.

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

*x Roberto Perez*  
 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.)

*Roberto Perez - Director*  
 Typed or printed name of signer

**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)