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(Requestor's Name)

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(City/State/Zip/Phone #)

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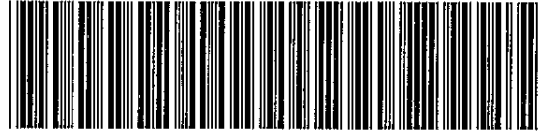
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 717117 7279384

AUTHORIZATION :

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : June 4, 2004

ORDER TIME : 11:14 AM

ORDER NO. : 717117-015

CUSTOMER NO: 7279384

CUSTOMER: Ms. Maryann S. Peterson  
Andrew Helgesen, P.a.

Suite 201  
11380 Prosperity Farms Road  
West Palm Beach, FL 33410

DOMESTIC FILING

NAME: WINFORD ARCHITECTURAL  
HARDWARE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
WINFORD ARCHITECTURAL HARDWARE, LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

ARTICLE 1 – NAME

The name of the Limited Liability Company is: **Winford Architectural Hardware, LLC.**

ARTICLE 2 – ADDRESS

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

Principal Office Address:                      7828 Gold Lenox Cove  
Lake Worth, FL 33467

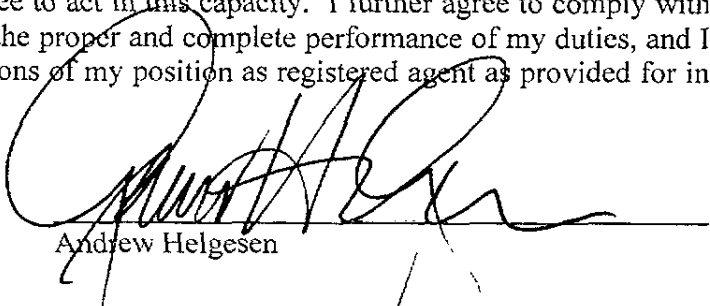
Mailing Address:                                7828 Gold Lenox Cove  
Lake Worth, FL 33467

ARTICLE 3 – REGISTERED AGENT, REGISTERED OFFICE, AND  
REGISTERED AGENT’S SIGNATURE

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

Andrew Helgesen, Esq.  
11380 Prosperity Farms Road, Suite 201  
Palm Beach Gardens, FL 33410

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, Florida Statutes.

  
Andrew Helgesen

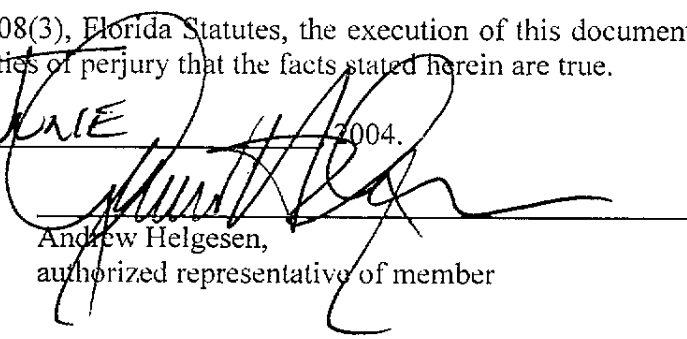
ARTICLE 4— MANAGER(S) OR MANAGING MEMBER(S)

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

Title:	Name and Address:
managing member	Jacqueline Klein 7828 Gold Lenox Cove Lake Worth, FL 33467

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.

Dated this 3 day of JUNE 2004.

  
\_\_\_\_\_  
Andrew Helgesen,  
authorized representative of member