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2004 AUG 23 P 2: 22

	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	ne #)
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08/25/04--01020--014 **25.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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2004 AUG 23 P 2: 22
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

August 10, 2004

TAHA A. EL AMRANI 11360 PINEWOOD COVE LANE ORLANDO, FL 32817

SUBJECT: AMAZING WINDOW AND SCREEN, LLC

Ref. Number: W04000030498

We have received your document for AMAZING WINDOW AND SCREEN, LLC 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.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 604A00049607

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2004 AUG 23 P 2: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

TAHA A. EL AMRANI

11360 PINEWOOD COVE LANE ORLANDO FL 32817

407-616-8242

TRANSMITTAL LETTER

FILED

TO:

Registration Section Division of Corporations

2004 AUG 23 P 2: 22

SUBJECT: AMAZING WINDOW AND SCREEN, LLC

(Name of Limited Liability Company)

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

TAHA A. EL AMRANI	
	(Name of Person)
AMAZING WINDOW AND SCR	EEN
	(Firm/Company)
11360 PINEWOOD COVE LANE	
	(Address)
ORLANDO, FL 32817	
	(City/State and Zip Code)
For further information concerning this matter, p	please call:
TAHA A. EL AMRANI	at (_407) 616-8242
(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

ARTICLES OF ORGANIZATION FOR

FILED

FLORIDA LIMITED LIABILITY COMPANY 2004 AUG 23 P 2: 22

ARTICLE I - Na		SECRETARY OF S TALLAHASSEE, FLO
The name of the L	imited Liability Company is:	THE ATTA SSEE, FLO
AMAZING WINDOV	V AND SCREEN LLC.	
ADDICTER		
The mailing addre		ipal office of the Limited Liability Company is
The maning addre	os ana sacot adaress of the princ	par office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
11360 PINEWOOD	COVE LANE	11360 PINEWOOD COVE LANE
ORLANDO FL 32817		ORLANDO FL 32817
APTICLE III - B	Pagistarad Agant Dagistarad ()	ffice, & Registered Agent's Signature:
	Florida street address of the regi	
	Ü	3
	TAHA A. EL AMRANI	
	Name	
	11360 PINEWOOD COVE LANE	
	Florida street address (P.O. B	ox <u>NOT</u> acceptable)
	ORLANDO	FLORIDA 32817

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.

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

2004 AUG 23 P 2: 2;

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	TAHA A. EL AMRANI	
	11360 PINEWOOD COVE LANE	,
	ORLANDO FL, 32817	
MGR	OTMANE EL AMRANI	
	6013 WESTGATE DR APT# 2423	•
	ORLANDO FL, 32835	
(Use attachment if necessary)		
(Ose attachment if necessary)		

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

REQUIRED SIGNATURE:

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 penaltics of perjury that the facts stated herein are true.)

TAHA A. EL AMRANI

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)