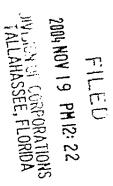
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TRANSMITTAL LETTER

	stration Section sion of Corporations
SUBJECT:	Stormguard Weather Protection Systems LLC
'	(Name of Limited Liability Company)
	Articles of Organization and fee(s) are submitted for filing. all correspondence concerning this matter to the following:
	Nicholas V. Boraggina
	(Name of Person)
	Stormguard Weather Protection Systems LLC
	(Firm/Company) 8020 Estero Blvd. (Address) Ft. Myers Beach, FL 33931
	8020 Estero Blvd.
	(Address)
	그
	Ft. Myers Beach, FL 33931
	(City/State and Zip Code)
	formation concerning this matter, please call: s V. Boraggina at (239 463-8993
NICHOLA	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:
□ \$125.00 F	iling Fee
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stormguard Weather Protection Systems LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8020 Estero Place	8020 Estero Place	
Ft. Myers Beach, FL 33931	Ft. Myers Beach, FL 33931	

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

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

Nicholas V. Boraggina	
Name	
8020 Estero Blvd.	
Florida street address (P.O. Box NOT acceptable)	
Ft. Myers Beach _{FL} 33931	
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.

Registered Agent's Signature Nicholas V. Boraggina

(CONTINUED)

<u> Title:</u>		Name and Address:
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OTE: An ac	Signature of a member of this document constitute that the facts stated here. Nicholas V. Types	or an authorized representative of member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true.) Boraggina, Member