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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: CDK'S Screen and Trim (LLC) (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Delorse Ping (Name of Person)
CDK's Screen and Trim (Firm/Company)
2685 N.W. Cr. 274 (Address)
Fountain, FL. 32438 (City/State and Zip Code)
For further information concerning this matter, please call: Delorse Ping at (850) 643-7930 (Area Code & Daytime Telephone Number) Finelosed is a check for the following amount:
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status \$\Bigcup \\$155.00 Filing Fee & Certificate of Status \$\Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CDK's Screen	+ Trim LLC.
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2685 N.W. (R. 274 Fountain FL. 32438	2685 N.W.CR. 274 Fountain, FL 32438
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re-	gistered agent are:
Delorse	Ping
Sloss N.W. Cr Florida street addre Fountain City, State, an	ess (P.O. Box <u>NOT</u> acceptable) FL 33438
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as regional accept the Agent's Segistered Agent's	9 AN IO 4
(CONTINU	ED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM_	Delorse Ping 2685 N.W. Cr. 274 Fountain, Fl. 32438
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must t	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	Unal Pina. or an authorized representative of a member.
of this document constit that the facts stated he	
<u>Del</u> Typ	orse Ping AM Some AM S
Filing Fees: \$125.00 Filing Fee for Articles of Organ	19 19 11.
of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	TATS TATE