

LO5000042019

BLUMBERG/EXCELSIOR CORPORATION FAX: (850) 205-0363 April 28, 2005 4:32 PM P.01
 Division of Corporations Page 1 of 1

**Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 205-0363

From:
 Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 073350000353
 Phone : (212) 431-5000
 Fax Number : (212) 431-1441

RECEIVED
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 DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY
 WALL WIZARD PRODUCTS, LLC**

RECEIVED
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 TALLAHASSEE

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

The name of the Limited Liability Company is:

Wall Wizard Products, 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:**4310 TUSCANY WAY
BOYNTON BEACH, FL 334354310 TUSCANY WAY
BOYNTON BEACH, FL 33435**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MERVYN FOGEL

Name

4310 TUSCANY WAYFlorida street address (P.O. Box NOT acceptable)BOYNTON BEACH FL 33435

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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MERVYN FOGEL

4310 TUSCANY WAY

BOYNTON BEACH, FL 33435

(Use 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 penalties of perjury that the facts stated herein are true.)

MERVYN FOGEL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)