

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Shuttlers, 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:

Sheri DiPrima
(Name of Person)

Island Shuttlers, LLC
(Firm/Company)

1668 Arbor Drive
(Address)

Melbourne, FL 32935
(City/State and Zip Code)

05 MAY 19 PM 2:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sheri DiPrima at (321) 426-6985
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

Sheri DiPrima
1668 Arbor Drive
Melbourne, FL 32935
321-751-6601

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

May, 19, 2005

Dear Sir or Madam,

Enclosed are 2 copies of the Articles of Organization for Florida Limited Liability Company- Island Shutters, LLC. If this name is not available the alternate name Island Breeze Shutters, LLC.

The effective date of filing is 5/19/05.

We have enclosed fees to include a Certified copy.

If there are any problems or questions, please feel free to contact me at 321-751-6601.

Sincerely yours,



Sheri DiPrima

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Shutters, LLC

ARTICLE II - Address:

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

Principal Office Address:

1199 S. Patrick Dr.
Satellite Beach, FL
32937

Mailing Address:

1668 Arbor Drive
Melbourne, FL
32935

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

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

Sheri Di Prima
Name

1668 Arbor Drive
Florida street address (P.O. Box **NOT** acceptable)
Melbourne FL 32935
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Sheri Di Prima
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

Michael Callaway
1668 Arbor Drive
Melbourne, FL 32935

MGRM

Sheri DiPrima
1668 Arbor Drive
Melbourne, FL 32935

MGRM

Roseann DiPrima
1199 S. Patrick Drive
Satellite Beach, FL 32937

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Sheri DiPrima
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.)

Sheri DiPrima
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)