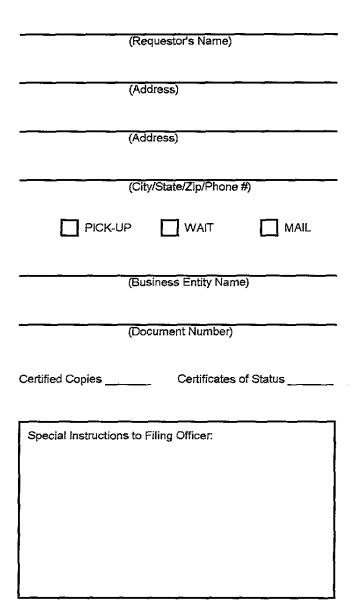
205000099969



Office Use Only



000060173130

10/07/05 --01011--004 **130.00



J. Shivers OCT 11 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dan's Window Tinting, 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:	
Danny E Moore (Name of Person)	
Dan's Window Tinting, LLC (Firm/Company)	
1414 Aitaloma Ave (Address)	, , <u>, , , , , , , , , , , , , , , , , </u>
Orlando, FL 32803	
(City/State and Zip Code) For further information concerning this matter, please call:	FILED 05 OCT -7 MII: 35 SECRETARY OF STATE SECRETARY OF STATE
Danny E Moore at (321) 438-3000 (Name of Person) (Area Code & Daytime Telephone Number)	一一 三
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	· · · · · · · · · · · · · · · · · · ·

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Corr	npany is:
Dan's Window Tinting, LLC	
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Daytona Flea & Farmers Market	1414 Altaloma Ave
2987 Believue Ave	Orlando, FL 32803
Daytona Beach, FL 32124	
The name and the Florida street addres Danny E Moore 1414 Altaloma Ave	Name Name Name Name
Florida	a street address (P.O. Box NOT acceptable)
Orlando, FL 32803	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	·
MGRM	Danny E Moore 1414 Altaloma Ave Orlando, FL 32803	
		• • • • • • • • • • • • • • • • • • •
•		
(Use attachment if necessary)		
REQUIRED SIGNATURE:	oe added if an effective date is requested.	FILED 5 OCT -7 MII: 35 SLORETARY OF STATE TALL AHASSEE. FLORE
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	AFF OF

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)

Typed or printed name of signee