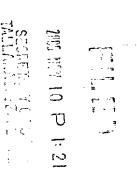
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: J & J Shutters, LLC	ted Liability Company)
	(Nume of Emili	ed blashing Company)
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	tter to the following:
	Jim Wegenka	
		(Name of Person)
	J & J Shutters, LLC	
		(Firm/Company)
	215 Jefferson Ave.	
		(Address)
	Cape Canaveral, FL 32	920
		ty/State and Zip Code)
For fur	ther information concerning this matter, pleas	e call:
Jim '	Wegenka	_{at (} 321) 783-2553
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
\$125	5.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Signature Signa
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
J & J Shutters, LLC Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
215 Jefferson Ave. Cape Canaveral, FL 32920
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Jim Wegenka
Name
215 Jefferson Ave. Florida street address (P.O. Box NOT acceptable)
Cape Canaveral, FL 32920 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 (REQUIRED)

(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:

118 86 13211 - B. Samanan	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
William Wallaging Wellioti	
MGRM	Jim Wegenka
	215 Jefferson Ave.
	Cape Canaveral, FL 32920
LE V: Effective date, if other than the fective date is listed, the date must l	e date of filing: (OPTIONAL be specific and cannot be more than five business days
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