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SECRETARY OF SIMILARY OF SIMILARY OF CORPORATIONS

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ECT: THE SI	HUTTER PEOPLE	E LLC.		
		(Name of Limited	l Liability Compa	ny)	
The en	closed Articles of	Organization and fee(s) are so	ubmitted for filing	; .	
Please	return all correspo	ndence concerning this matte	r to the following	:	
	JAIME JAI	RAMILLO			
		(1	Name of Person)		
	THE SHU	TTER PEOPLE L	LC.		
		(Firm/Company)		
	318 INDIA	AN TRACE # 27	′1		- · ÷
			(Address)		
	WESTON	I, FL 33326		· -	
		(City	State and Zip Code)	
For fur	ther information co	oncerning this matter, please	call:		
JAIN	//E JARAM	ILLO	at (917 (Area Code	723-37	09
	(Name o	of Person)	(Area Code	& Daytime To	elephone Number)
Enclos	sed is a check for	the following amount:			
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	/	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporatiouilding octive Center ee. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:	Jan	- N	Ţ	Æ	CI	ſΪ	R1	Ā
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The name of the Limited Liability Company is:

THE SHUTTER PEOPLE 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:	**	•
318 INDIAN TRACE		318 INDIAN TRACE		
# 271		# 271		
WESTON, FL 33326	 *	WESTON, FL 33326		
				

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:			01V10
JAIME JARAMILLO	<u></u>	NO.	SOR
Name		17	
318 INDIAN TRACE, # 271	; ,	3	충숙단
Florida street address (P.O. Box NOT acceptable)		••	STA ORAI
WESTON FL 33326 City, State, and Zip	<u>-</u> . ₌	09	SHOL

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 of 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:

MGR	JAIME JARAMILLO
WOR	318 INDIAN TRACE # 271
	WESTON, FL 33326.
	<u></u>
	·
	late of filing: JAN 1ST, 2006 . (OPTION
	specific and cannot be more than five business da

	Signature of a member or an authorized representative of a member.
	(In accordance with section 603, 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Typed or printed name of signee
Filing Fees:	
5.00 Filing F	ee for Articles of Organization and Designation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)