## L06000045772

(	Requestor's Name)	
(	(Address)	
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	City/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(	Business Entity Name	)
(	(Document Number)	<del></del>
Certified Copies	Certificates o	f Status
Special Instructions	to Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2006

KYLE J. CHALK 14313 JOAN DR. PALM BEACH GARDENS, FL 33410

SUBJECT: CHALK CITY SHUTTERS L.L.C.

Ref. Number: W06000019141

We have received your document for CHALK CITY SHUTTERS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 206A00027941

2006 MAY -2 AM II: 16

## **COVER LETTER**

TO:	Registration Sec Division of Cor						
SUBJ	ECT: Chalk C	ity Shutters L.L.C.		-		_	
	<del>-</del> -	(Name of Limited	Liability Com	pany)			
The en	closed Articles of	Organization and fee(s) are su	ibmitted for fili	ng.			
	return all correspo	ondence concerning this matter	r to the following	ng:			
	J. Chal	k					
		O	Name of Person)				_
			Firm/Company)				_
			rum/Company)			2006	SIAIG
	14313 Joa	n Drive				3	
			(Address)			2006 MAY -2	-
	Palm Bead	ch Gardens FL 3	33410			AM	
		(City)	State and Zip Co	ode)		=======================================	_2 X
E C.	-41*- C47		11-			6	, NEUL
Kyle		concerning this matter, please	caii:				
/	J. Chalk		at (_561	222-696	3		
	(Name	of Person)	(Area C	ode & Daytime T	elephone Number)	<del>-</del>	
Enclo	sed is a check fo	r the following amount:					
Z] \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy oy is enclosed)	S160.00 Filing Certificate of Standard Certified Copy (additional copy is e	tus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Cliftor 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 32301	ons r Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Chalk City Shutters L.L.C.  (Must end with the words "Limited Liability Company, "Limit	at Comment of the Advantage of the War of C 20
(Must end with the words Limited Liability Company, "Limit	ed Company of their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
14313 Joan Drive	14313 Joan Drive
Palm Beach Gardens FL 33410	Palm Beach Gardens FL 33410
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the Right J. Chalk	registered agent are:
Name	
14313 Joan Drive	200
Florida street ad	dress (P.O. Box NOT acceptable)
Palm Beach Gardens	FL 33410
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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member  MGRM	KY/E J. Chu/K 14313 Joan Drive Palm Beach Gardens FL 33410	
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	<del>-</del>	
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day	vs p
REQUIRED SIGNATURE:		
Signature of a memb	er or an authorized representative of a member.	
(In accordance with so of this document constitute the facts stated Rife J. Chalk	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	
	uned 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)