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COVER LETTER

Division of Corporations	
SUBJECT: NATIONAL WINDOW TINT, 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:	
ANDREW M. BOERSMA (Name of Person)	
NATIONAL WINDOW TINT, LLC.	
(Firm/Company)	
4740 PORTOFINO WAY #205	
(Address)	
WEST PALM BEACH, FLORIDA 33409	
(City/State and Zip Code)	_
For further information concerning this matter, please call: ANDREW M. BOERSMA at 661 252-4098	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
▼ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Company is:

NATIONAL WINDOW TINT, 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:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address: Mailing Address: 4740 PORTOFINO WAY #205 **4740 PORTOFINO WAY #205** WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409

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:

ANDREW M. BOERSMA Name 4740 PORTOFINO WAY #205

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH 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 "MGRM" = Managing Member	Name and Address:
MGRM	ANDREW M. BOERSMA 4740 POROTFINO WAY #205 WEST PALM BEACH, FL 33409
MGRM	Earl Evoy 12467 Equine Lane Wellington, FL 33414
MGRM	Skip Richer 11566 Pierson Rd apt L-8 Wellington, FL 33414
	SECRETALLAHAN
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) \(\frac{1}{2}\) is specific and cannot be more than five business they are the control of t

REQUIRED SIGNATURE:

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.)

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)