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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co					
subject: Superi	or Curtain Collection	LLC			
		ed Liability Company)		-	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
Klaus Fran	ıke				
		(Name of Person)			
Superior C	urtain Collection LL	С			
		(Firm/Company)		 	
9 Redstar	t Path				
		(Address)			
Hilton Hea	ad Island SC 2992	:6		9	
	(Cit	y/State and Zip Code)		調音	
For further information	concerning this matter, please	call:		06 MAY -2 PM 6: 33	FILED
Klaus Franke		at (843 342-707	2	TO TE	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	: 33 EEEE : 33	
Enclosed is a check for	or the following amount:			▶'``	
\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section	Street/Courier Address Registration Section	3		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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	r:
Superior Curtain Collection LLC	
(Must end with the words "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6545 Superior Avenue	6545 Superior Avenue
Sarasota FL 34231	Sarasota FL 34231
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Klaus Franke	istered Agent. You must designate an individual or another
Name	е
2637 Biltmore Way	ddress (P.O. Box NOT acceptable)
Sarasota City, State,	FL 34231
Having heen 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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Klaus Franke	
	2637 Biltmore Way	
	Sarasota FL 34231	
MGR	Ursula Franke	
	2637 Biltmore Way	
	Serasota FL 34231	
	•	

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REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days

(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.)

KLAUS FRANKE URSULA FRANCE
Typed 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)

ARTICLE V: Effective date, if other than the date of filing: May 1st. 2006