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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2006

JOHN PAUL ARANDA 6650 IMPERIAL WOODS RD JUPITER, FL 33458

SUBJECT: EUROPEAN ASSEMBLED SHUTTERS, INC.

Ref. Number: W06000024343



We have received your document for EUROPEAN ASSEMBLED SHUTTERS, INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 16, 2006. Please amend your document accordingly.

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: 306A00036839

COVER LETTER

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TO: Registration Division of	Section Corporations	**		
	vropean Ass	eanbled Shad Liability Company)	hutters LL	C 0.9
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
John	n Prel Ann	Mame of Person)		
_	ean Assemb		<i></i>	SECRETAL DIVISION OF
Jupi	ter, Florida (City	(Address) A 3 343 (State and Zin Code)	~8 2	LED STAI
	on concerning this matter, please		21	ON .
John A	Annda ame of Person)	at (S6/) 26 2 (Area Code & Daytime T	-3494 Celephone Number)	
Enclosed is a chec	k for the following amount:		MAKAT	4 SWONTER
\$125.00 Filing F	ee \$\sum \$\\$130.00\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Stroot/Courier Addre	S.C.	

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:		
European Assembled S (Must end with the words "Limited Liability Company, "Limited	Chuffers (1) Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
bleso Imperial woods Rd Topiter, Fl 33458	6650 Imperial Words Typiter, Pl 33458	Pet
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature and Agent. You must designate an individual or another	•
The name and the Florida street address of the re		<u>Q</u>
John Parl An Name 6650 Imperial Florida street addi	anda E	SECE /ISIO
Name		
6650 Imperial	ands Re	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	POR ST
Typ, Fer City, State, as	FL 33418 nd Zip	TATE PATIONS
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appointm . I further agree to comply with the provision rformance of my duties, and I am fàmiliar w	ent as ons of all vith and
Registered Agent's Signatu	ure (REQUIRED)	

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Pp / Armon

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)