

L 000008/287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300078586393

08/16/06--01008--013 \*\*130.00

FILED  
06 AUG 16 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LAW OFFICES OF WILLIAM W. SYDNOR**

*Member Florida State Bar*

---

696 Remington Oak Drive  
Lake Mary, Florida 32746  
(407) 321-1694

August 14, 2006

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: *Bowers Window Treatments LLC*

Dear Sirs:

Enclosed please find the Articles of Organization (and one true copy) and the \$130.00 filing fee for the above referenced Limited Liability Company. If all is in order, please forward to our attention the Certificate of Status as soon as possible. Thank you for your attention to this matter and please do not hesitate to contact us should you need anything further.

Sincerely,



William W. Sydnor, Esq.

Cc. Lisa Bowers

FILED  
06 AUG 16 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Bowers Window Treatments 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:

Bowers Window Treatments LLC

16220 Arrowhead Trail

Clermont FL 34711

#### Mailing Address:

same

### 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:

Lisa Bowers

Name

16220 Arrowhead Trail

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

Clermont FL 34711

FL

City, State, and Zip

06 AUG 16 PM 1:29  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

Lisa M. Bowers  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Lisa M. Bowers

16220 Arrowhead Trail

Clermont FL 34711

MGMR

Johnny R. Bowers

16220 Arrowhead Trail


Clermont FL 34711

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Lisa M. Bowers

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)**

FILED  
06 AUG 16 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA