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B. KOHR
JUN 1 5 2009
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: WINDOWS PLUS INTERNATIONAL, 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:	
DAVID D. EDWARDS	
(Name of Person)	<u>.</u>
(Firm/Company)	「コ
15550 McGregor Blvd. Suite 102	
(Address)	
Fort Myers, FL 33908	
(City/State and Zip Code) Email Address:	
For further information concerning this matter, please call:	
DAVID D. EDWARDS at (239) 432-00	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \sum_{\text{S155.00 Filing Fee}} \sum_{\text{S155.00 Filing Fee}} \sum_{\text{S160.00 Filing Fee}} \sum_{\text{Certified Copy}} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WINDOWS PLUS INTERNATION (Must end with the words "Limited Lia	NAL, LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
15550 McGregor Blvd. Suite 102	15550 McGregor Blvd, Suite 102
Fort Myers, FL 33908	Fort Myers, FL 33908
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeristics) business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
DAVID D. E	EDWARDS 期間日本
Nan	me SAR F
	address (P.O. Box NOT acceptable)
Fort Myers	FI 33908
City, State	e, 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DAVID D. EDWARDS
WIGRIVI	DAVID D. EDWARDS 15550 McGregor Blvd. Suite 102
	Fort Myers, FL 33908
	1 Off Myers, 1 L 33300
	Market and the second s
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
	accent 6-5-09
De La	mber or an authorized representative of a member.

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)

that the facts stated herein are true.)

DAVID D. EDWARDS

Typed or printed name of signee