# L09000099077

(Requestor's Name)				
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(Address)	7.			
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PICK-UP	WAIT MAIL			
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SECRETARY OF STATE SINISION OF CORPORATIONS

T. HAMPTON

OCT 1 4 2009

**EXAMINER** 

# **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE	ст: <u> </u>	Perior Custon Name of Limit	n Wood Shutter. ted Liability Company	s,llC
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.	
Please r	eturn all correspo	ndence concerning this mat	tter to the following:	
-	Pr	ny D. Harri	Name of Person	
-	<u>S</u> u	perior Custo	om Wood Shutter Firm/Company	-5,21C
-	600	o Marina T	Scile Suite 10	05B
Holmes Beach, Florida 34217 City/State and Zip Code				
Superior custo Mwood shutters 11c@ yahoo. Com  E-mail address: (to be used for future annual report notification)				
For furt	her information co	oncerning this matter, pleas	e call:	
	Amy		at (941 ) 737-8 Area Code & Daytime Telep	Number
Enclose	ed is a check for	the following amount:		
\$125.0	00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 Ci Tallahassee, FL 32301	rcle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Superior Custom Wood Shutters, UC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is				
Principal Office Address: Mailing Address:				
LOOD Marina Drive Lood Marina Drive Suite 105B Suite 105B Holmes Beach, Florida 34777 Holmes Beach, Florida 347317				
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:				
John Agnelli (of the Agnelli (noup)				
Lo 000 Marina Drive, Suite 106 Florida street address (P.O. Box NOT acceptable)				
Holmes Beach FL 34217 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)

SECRE JARY OF STATE OF CORPORATIONS

# 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:				
MUR	Amy D. Harris 3016 35th Ave W Bradenton, Florida 34305				
NIA					
N)A					
NIA					
(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.)					
Any D. Harris Typed or printed name of signee					
Filing Fees:	بن.				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)