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DIVISION OF CORPORATIONS  
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B. KOHR

MAR 11 2010

EXAMINER

**March 8, 2010**

**Florida Department of State – Division of Corporations  
P.O. Box 6327 Tallahassee, FL 32314**

**Subject: Precision Storm & Security Shutters, LLC**

**To whom it may concern:**

**This application for LLC is being submitted by Mark M. Carrell. The application is for “articles of incorporation” for Precision Storm and Security Shutters, L.L.C.**

**My contact information is: Mark M. Carrell**

**308 Patton Street**

**St. George Island, FL 32328**

**Daytime phone no. (850) 653-6727**

**I have enclosed a check for \$160.00 – this should include the fees for the filing, the Certified Copy, and the Certificate of Status.**

**Please contact me if more information is required. Thank you for your assistance!**

**Sincerely,**



**Mark M. Carrell**

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Precision Storm & Security Shutters, L.L.C.  
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:

MARK MATTESON CARRELL  
Name of Person

Precision Storm & Security Shutters, L.L.C.  
Firm/Company

308 PATTON STREET  
Address

ST. GEORGE ISLAND, FL 32328  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK CARRELL at (850) 653-6727  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$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**  
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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Precision Storm & Security Shutters, L.L.C.  
(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:

308 Patton Street  
St. George Island, FL  
32328

#### Mailing Address:

308 Patton Street  
St. George Island, FL  
32328

### 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:

MARK CARRELL  
Name  
308 Patton St.  
Florida street address (P.O. Box NOT acceptable)  
St. George, FL 32328  
City, State, and Zip

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10 MAR 10 AM 10:34

*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..*

Mark Carrell  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MARK ORLIN  
75 COVINGTON CIRCLE  
CRAWFORDVILLE, FL 32327

MGRM

MARK CARROLL  
308 PATTON ST  
ST. GEORGE ISLAND, FL 32328

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

MARK M. CARROLL  
\_\_\_\_\_  
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)