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(Re	questor's Name)	
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T. HAMPTON JUN 2 9 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SHRJ	ECT. Solar So	creens & More, LLC		
OC DO			ed Liability Company	
The er	iclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Maurice D. V			
	Maurice P. Vu	uona	Name of Person	
			,, <u>.</u>	
			Firm/Company	
	2055 Floral A	venue S #191		
			Address	
	Bartow Florida	a 33830		
	Daitow i ionu		y/State and Zip Code	
	butchandarler	ne@yahoo.com	,	
			for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
Maur	ice P. Vuona		at (863)661-1533	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a check fo	or the following amount:		
⊒\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited	d Liability Compan	y is:
Solar Screens & Mo	re, LLC	
(Must end	with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address and	- •	ne principal office of the Limited Liability Company is
Principal Office Addre	ess:	Mailing Address:
2055 Floral Avenue S #191		2055 Floral Avenue S #191
Bartow, Florida 33830		Bartow, Florida 33830
(The Limited Liability Company business entity with an active l	y cannot serve as its own if florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Mau	ırice P. Vuona	
	N	lame
205	5 Flora Avenue S	#191
	Florida stree	et address (P.O. Box NOT acceptable)
Bart		FL 33830 y, State, and Zip
Houses have reased as		I do marant armitar a Community of male rate and a different at

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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Maurice P. Vuona
	2055 Floral Avenue S #191
	Barlow, Florida 33830
MGRM	Arlene Vuona
	2055 Floral Avenue S #191
	Bartow, Florida 33830
	
•	
(Use attachment if necessary)	
TEXT FOCULTING Jacobs (Continue)	d La cer
	the date of filing: (OP
days after the date of filing.)	t be specific and cannot be more than five busin

<u>REQUIRED</u> 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.)

Maurice P. Vuona

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)

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