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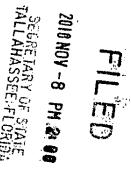
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing ffice:
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EXAMINER
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Office Use Only



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COVER LETTER

÷	TO:	Registration Section Division of Corpor		,		,		
	SUBJE	_{ст:} Installatio	on Complete					
	00001	<u> </u>		ited Liability C	Company			
	The end	losed Articles of Org	anization and fee(s) are	e submitted for	filing.			
		_	nce concerning this ma		_		5 .0	26
	i icase i	etarn an corresponde	nce concerning this ma	itter to the fort	owing.			8- AON B107
	_	Eric Sherloc	k				H.C.	<u>V</u>
				Name of Pers	on		SSE	8
						**	ma Table	7
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	-	001 OW 10 C		Address				
	_							
	F	t Lauderdale,						
		shr_inc@comca		ity/State and Zip	Code			
	_		mail address: (to be used	for future annua	al report notificati	on)		
	For furt	ner information conce	erning this matter, pleas	se call:				
	Fric S	Sherlock			200.00	270		
		Name of Per	son	at (298-86	Telephone Numl	her	
					2000 20 20 20 30 40000	Terepriorie Francis		
	Enclose	d is a check for the	following amount:					
	\$125.00		80.00 Filing Fee & ertificate of Status	Certified	Filing Fee & d Copy	l) Certified	ite of Statu	ıs &
		Re Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Regi Divi Clift 266	et/Courier Add stration Section sion of Corpora ton Building I Executive Cen ahassee, FL 323	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Installation Complete LLC	
(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 Comp	any is:

Principal Office Address:	Mailing Address:	Za €	3
801 Sw 16 Ct	801 Sw 16 Ct	SE E HE TO NOV)
Ft Lauderdale, FI 33315	Ft Lauderdale, Fl 33315		
		\$SE 60	<u></u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	I Office, & Registered Agent's tered Agent. You must designate an individual	Signature dual sanother	

The name and the Florida street address of the registered agent are:

Eric Sneriock
Name
801 Sw 16 Ct
Florida street address (P.O. Box NOT acceptable
Ft Lauderdale, Fl 33315 _{FL}
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)

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	Name and Address:	
MGRM" Managing Member Eric Sherlock	994.9 49.94	2010 NOV
ETIC SHEFIOCK	801 Sw 16 Ct Ft Lauderdale, Fl 33315	- R
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		55. 89
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(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing:	(OPTIONAL)
0 days after the date of filing.)	e specific and cannot be more than	iive business days pr
REQUIRED SIGNATURE:	7	
/ / -	_	
	r or an authorized representative of a m	

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Eric Sherlock

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)