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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Cuffigen MAY _ 6 2011

COVER LETTER

| TO: Registration Section Division of Corporations | 4* | * * | • . |
|---|-------------------------|--|--|
| SUBJECT: Design One C | Sarage Doors | s, LLC | |
| | Name of Limited Lia | | |
| The enclosed Articles of Organization | n and fee(s) are submit | ted for filing. | , |
| Please return all correspondence cond | erning this matter to t | ne following: | |
| Arthur James De | | of Person | |
| Design One Gara | age Doors, Li | _C | |
| | | Company | |
| 4846 Sun City Ce | enter Blvd., Su | iite #263 | |
| | A | ldress | |
| Sun City Center Fl | | | |
| | • | and Zip Code | • |
| DesignOneGarageDo | | 1 e annual report notification | 1) |
| For further information concerning th | | | , |
| Arthur James DeAngelis, | Jr. at (| 313 634-396 | 61 |
| Name of Person | | Area Code & Daytime T | elephone Number |
| Enclosed is a check for the following | ing amount: | | |
| \$125.00 Filing Fee \$130.00 File Certificat | e of Status C | 55.00 Filing Fee & ertified Copy dditional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| P.O. Box 6 | Section Corporations | Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230 | ons er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company i | s: |
|--|---|
| Design One Garage Doors, L | LC |
| (Must end with the words "Limited Lia | bility 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: |
| 4846 Sun City Center Blvd., Suite #263 Sun City Center, FL 33573 | 4846 Sun City Center Blvd., Suite #263 Sun City Center, FL 33573 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) | |
| The name and the Florida street address of the | e registered agent are: |
| Robin Loraine Robert | S PORT |
| Nam | ie Sch |
| 317 Wendi Lane | POR S |
| Florida street a | address (P.O. Box NOT acceptable) |

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Ruskin

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|---|----------------------|
| MGR | Arthur James DeAngelis, Jr. | |
| MOIX | 4846 Sun City Center Blvd., Suite #263 | |
| | Sun City Center, FL 33573 | |
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| (Use attachment if necessary) | | |
| ICI F V. Effective data if other than t | he date of filing: (OPTIONA | AT \ |
| effective date is listed, the date must 90 days after the date of filing.) | be specific and cannot be more than five business day | ys prie |
| | garguros PASE | <u></u> |
| REQUIRED SIGNATURE: | . . = | \$ ∵ ∑ |
| And the second | heil Allena | MAY - L |
| Signature of a mem | ber or an authorized representative of a member. | ز |
| (In accordance with section 6 | 08.408(3), Florida Statutes, the execution of this document | |
| I am aware that any false info | der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) | |

Robin Loraine Roberts

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)