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JAN - 9 2013

G. McLEOD



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SECRETARY OF STATE

(850) 245-6051.

COVER LETTER

TO:	Registration S Division of Co			
CHDI	Scre	ens		
SUBJ	EC1:		ed Liability Company	
The er	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this matt	er to the following:	
	Stephe	n Cutler		
			Name of Person	
			Firm/Company	
	13300-	56 S. Clevela	nd Ave.	
			6 S. Cleveland Ave. Address ers, FL 33907	
	Fort My	ers, FL 33907	7	
		Cit	y/State and Zip Code	
	swc@cut	E-mail address: (to be used	for future annual report notification)	
For fu	rther information	concerning this matter, please	•	
	ephen C		_at (239) 243-85	21
	Name	of Person	Area Code & Daytime Telepho	
Enclo	sed is a check f	or the following amount:		
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	:		
Screens, ŁLC			
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	······································	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited L	iability Com	pany is:
Principal Office Address:	Mailing Address:		
13300-56 S. Cleveland Ave.	13300-56 S. Cleveland Ave.		
Fort Myers, FL 33907	Fort Myers, FL 33907		
The name and the Florida street address of the Advanced Market Systems, LLC Name 13300-56 S. Cleveland Ave.		13 JAN -7 AM SECRETARY OF ELLAHASSEE, F	17
	Idress (P.O. Box <u>NOT</u> acceptable)	H 9: 48	£ ,,,, i'
Fort Myers, FL 33908	FL tate, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations of my position as referenced to the proper and complex and accept the obligations are referenced to the proper and accept the proper and accept the obligations are referenced to the proper and accept the proper accept the proper accept the proper and accept the proper ac	accept service of process for the this certificate, I hereby accept city. I further agree to comply we te performance of my duties, an egistered agent as provided for the terms of the provided for the terms of the performance of the performa	the appointm vith the provi d I am famili	ent as sions of ar with

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

43 4 CTD 11 3 4	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Men	nber
MGR	Stephen Cutler
	14000 Schultz Road
	Fort Myers, FL 33908
	*** *** *** *** *** *** *** *** *** **
	
(Use attachment if necessar	y)
CLEV. Descrive data !fact.	ner than the date of filing: 1/1/2013 (OPTIONAL)
ULL V: Effective date, if our	
	date must be specific and cannot be more than five business
effective date is listed, the	date must be specific and cannot be more than five business
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effective date is listed, the to or 90 days after the date of the REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm	date must be specific and cannot be more than five business of filing.) E: of a member or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true.
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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)