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0.
TO: Registration Section Division of Corporations
SUBJECT: CUFIX TRI Screen + Window (1) 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:
Sean M. Shea
Name of Person TAI Screen + Window LLC. Firm/Company
10810 Eureka St
Address
13 OCA RATON 1-6 334 25
City/State and Zip Code In Fo O Curly Hail Screens. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter integer call:
Kristen Steen at 631 383 2438 55 38 Area Code & Daytime Telephone Number 34 38 38 38 38 38 38 38 38 38 38 38 38 38
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status St
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

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:

Must end with the words "Limited Liability	cen + Window LLC. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BOCA RATON, FL 334128	10810 EUREKA St BOCA RATON, FL 33428
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
Boca RAtoN	Shea Assault A
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with histored agent as provided for in Chapter 608, F.S

(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 "MGRM" = Managing Member	Name and Address:		
MGR :	MICHAEL GUAGNO 23308 SUNVIEW WAY BOCA RATON, FL 33428		
MGRM	Kristen Shea 10810 Eureka St Boco Raten FL 33428		
(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 erior to or 90 days after the date of filing.)			
REQUIRED SIGNATURE	JACE IN TAKE		
Signature of a member	er or an authorized representative of a member.		
constitutes an affirmation under the penalties of perjury that the facts stated herein are future. I am aware that any false information submitted in a document to the Department of states constitutes a third degree felony as provided for in s.817.155, F.S.)			
<u>SCAN</u>	yped or printed name of signee ω		

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)