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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
	WAIT .	_
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 MAY 30 PK 12: 00

K.S.NLY EXAMINER V. S.NLY

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ЕСТ:		Numinum &Screen, LLC nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
			Michael B. Slater II Name of Person	
		Southe	ern Aluminum &Screen, LLC	
			Firm/Company	
			6452 161st Rd Address	
			Live Oak, FL 32060	
			ity/State and Zip Code ater01@gmail.com d for future annual report notific	
For fur	ther informatio	n concerning this matter, plea		cation)
		at (at (386) 688- Area Code Daytime T	5920 elephone Number
Enclos	ed is a check fo	r the following amount:		
] \$125.0	00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Reg Divi P.O	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
,	
Southern Aluminum	&Screen, LLC
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6452 161st RD	6452 161st RD
Live Oak, FL 32060	Live Oak, FL 32060
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
Michael B. Slat	er II
Name	
6452 161st R	ND TO
Florida street address (P.O. Box)	NOT acceptable)
Live Oak	FL 32060
City	Zip ?:
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Mem	
MGR" = Manager	•
MGR	Michael B. Slater II
	6452 161st RD
	Live Oak, FL 32060

V: Effective date, if other ti	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or
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