

# L15000126796

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

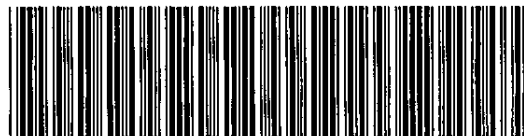
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/20/15--01018--017 \*\*130.00

FILED  
15 JUL 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2015

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Shutter Components, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

N. Richard Schopp

N Richard Schopp, P.A.

453 NW Prima Vista Blvd.

Port St. Lucie, Florida 34983

E-mail address (to be used for future annual report notification): nrspa@bellsouth.net ✓

For further information concerning this matter, please call:

N. Richard Schopp at (772) 878-4120

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

**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 Circle  
Tallahassee, FL 32301

FILED  
15 JUL 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
AMERICAN SHUTTER COMPONENTS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is American Shutter Components, LLC,  
("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability  
Company is:

Principal Office Address:  
1207 SW Paradise Cove  
Port St. Lucie, Florida 34986


Mailing Address:  
1207 SW Paradise Cove  
Port St. Lucie, Florida 34986

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Christopher Joseph Dugan  
1207 SW Paradise Cove  
Port St. Lucie, Florida 34986

*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 605, F.S.*

  
\_\_\_\_\_  
Christopher Joseph Dugan

**ARTICLE IV - MANAGERS OR MEMBERS**

**FILED**  
15 JUL 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Betina Moreira Dugan  
1207 SW Paradise Cove  
Port St. Lucie, Florida 34986

MGR

Christopher Joseph Dugan  
1207 SW Paradise Cove  
Port St. Lucie, Florida 34986

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christopher Joseph Dugan

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
**15 JUL 20 PM 12:00**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA