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To:

Division of Corporations Fax Number : (850) 617-6381

From:

Account Name	: CORP USA
Account Number	: 072450003255
Phone	: (305)634-3694
Fax Number	: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Electronic Filing Menu

Corporate Filing Menu

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	COVER LETTER
	TO: Registration Section Division of Corporations
	SUBJECT:
	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:
	Rodolfo Fernandez
	Name of Person
	Shouer Solutions Firm/Company
	2719 Hollywood Boulevard #158
	Address
	Hollywood, FL 33020
	City/State and Zip Code
	shutters@juno.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Rodolfo Fernanadez 754 204-6060 at ()
	Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	S125.00 Filing Fee S130,00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of St
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Cliffon BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 323147

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ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shutter Solutions Group LLC

(Must end with the words "Limited Linhility 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:
2719 Hollywood Boulevard #158	2719 Hollywood Boulevard #158
Hollywood, FL 33020	Hollywood, FL 33020
11011yWikid, 12, 35020	110117 wood, FL 33020

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rodolfo Fernandez		
	Name	
2719 Hollywood B	oulevard #158	
Florida street addre	55 (P.O. Box <u>NOT</u> 2	cceptable)
Hollywood	<u>FL</u>	33020
City	State	Zip

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.

Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

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

"AMBR" = A	uthorized Member	Name and Address;	
"MGR" = Ma	nagor		
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MGI	<u> </u>	Rodolfo Fernandez	
		ATTO HOLLYWOOD BOL Hollywood, PL 33020	slevarol ++ 13
			<u> </u>
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(Use attactune	at if necessary)		
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