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## **COVER LETTER**

	egistration Section ivision of Corporations	7		**
arin rn am	Pensacola Shade			
SUBJECT		of Limited Liabil	ity Company	
The enclos	sed Articles of Organization and fe	e(s) are submitted	for filing.	
Please retu	irn all correspondence concerning t	his matter to the	following:	
	Edward A. Pons, Jr.			
		Name of	Person	
	Pensacola Shade			
		Firm/Co	mpany	
	948 Jenks Avenue			
		Addı	ess	<u> </u>
	Panama City, FL 32401			
	Tony@wecanshadeit.com	City/State ar	d Zip Code	
	E-mail address: (to b	e used for future	annual report notification	on)
For further i	information concerning this matter,	please call:		
	Edward A. Pons, Jr.	850 at (	303-9541	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed i	s a check for the following amount	•		
<b>\$</b> 125.00 F	iling Fee \$130.00 Filing Fe Certificate of Star	tus Certif	00 Filing Fee & led Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Cornoration	ms

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	end with the words "Limited Li		
		ability Company, "L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and stre	eet address of the principal offic	e of the Limited Liability Company is:	
<u>Pri</u>	ncipal Office Address:	Mailing Address:	
948 Jenks Avenu		948 Jenks Avenue	
Panama City, FL	. 32401	Panama City, FL 32401	<del></del>
	Agent, Registered Office, & I		_
e Limited Liability Com ther business entity with	pany cannot serve as its own Re n an active Florida registration.) treet address of the registered ag	gistered Agent. You must designate an individual or	1 TO
e Limited Liability Com ther business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered age  Edward A. Pons, Jr.	gistered Agent. You must designate an individual or ent are:	16 SEP
e Limited Liability Com ther business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered age  Edward A. Pons, Jr.	gistered Agent. You must designate an individual or	
e Limited Liability Com ther business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered age  Edward A. Pons, Jr.	gistered Agent. You must designate an individual or ent are:	_ P −9
e Limited Liability Com ther business entity with	pany cannot serve as its own Ren an active Florida registration.)  reet address of the registered age  Edward A. Pons, Jr.  948 Jenks Avenue	ent are:    ame   Description   Property   P	P-9 AMII
e Limited Liability Com ther business entity with	pany cannot serve as its own Ren an active Florida registration.)  reet address of the registered age  Edward A. Pons, Jr.  948 Jenks Avenue	ent are:    Ame   P.O. Box NOT acceptable	P-9 AMII

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager MGR	Edward A. Pons, Jr
	948 Jenks Avenue
	Panama City, FL 32401
(Use attachment if necessary)  TCLE V: Effective date, if other than a effective date is listed, the date m	the date of filing: (OPTIONAL)
TCLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)	est be specific and cannot be more than five business days prior to or 90 days are not meet the applicable statutory filing requirements, this date will not be lis
TCLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)  e: If the date inserted in this block d	est be specific and cannot be more than five business days prior to or 90 days are not meet the applicable statutory filing requirements, this date will not be lis
TICLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)  e: If the date inserted in this block discurrent's effective date on the Department.	est be specific and cannot be more than five business days prior to or 90 days are not meet the applicable statutory filing requirements, this date will not be lister art ment of State's records.
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TICLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)  E: If the date inserted in this block diocument's effective date on the Department's effective date on the Department's effective date on the Department's Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document I am aware that	of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
TICLE V: Effective date, if other than n effective date is listed, the date malate of filing.)  E: If the date inserted in this block didocument's effective date on the Department of the date of the date of the date on the Department of the date	of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b), Florida Statutes.  any false information submitted in a document to the Department of State  d degree felony as provided for in s.817.155, F.S.
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TCLE V: Effective date, if other than a effective date is listed, the date malate of filing.)  E: If the date inserted in this block didocument's effective date on the Department of the date of the date of the date of the Department of the date of the date of the date of the Department of the date of the	of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b), Florida Statutes.  any false information submitted in a document to the Department of State  d degree felony as provided for in s.817.155, F.S.

ARTICLE IV-