

L19000080819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

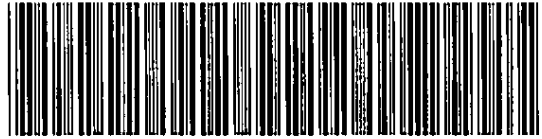
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900326370939

FILED
19 MAR 21 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 28 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ROLLING SHUTTERS USA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVAJYOTI DHAR
Name of Person

Firm/Company

637 NEUMANN VILLAGE CT
Address

OCOOE, FL 34761
City/State and Zip Code

ddhar48@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVAJYOTI DHAR at (609) 923-9836
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Domestication: \$25
Articles of Organization: \$125
Total to Domesticate and file: \$150

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DEVAJYOTI DHAR

MGR

MARK RYAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 21 AM 9:47

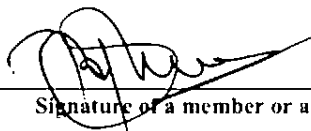
FILED

(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 prior to or 90 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PAUL JOHNSON

Typed or printed name of signee

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)