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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

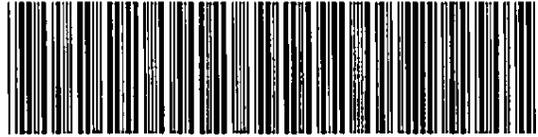
(Business Entity Name)

(Document Number)

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

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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

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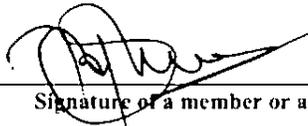
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(Use attachment if necessary)

**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)