

L20000045130

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2020 FEB -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1231123

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ace Blinds and Shutters LLC
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:

Regine Blanchard
Name of Person

Ace Blinds and Shutters LLC
Firm/Company

1013 NW 41st Ave
Address

Lauderhill, FL 33313
City/State and Zip Code

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

For further information concerning this matter, please call:

Regine Blanchard at (954) 683-7988
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1/31/20

To whom it may concern,

I am writing to notify you that I have no intent of reinstating the old entity Ace Blinds and Shutters Inc. The document number is P17000076343. If you have any questions or concerns, please call me (954) 683-7989.

Thank you,

Regine Blanchard

RECEIVED
2020 FEB -4 PM 12:02
OFFICE OF THE
CLERK OF THE
COURT
JUDICIAL
SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ace Blinds and Shutters LLC

(Must contain the words "Limited Liability 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:

1013 NW 41st Ave
Lauderhill, FL 33313

Mailing Address:

1013 NW 41st Ave
Lauderhill, FL 33313

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:

Regine Blanchard
Name

1013 NW 41st Ave
Florida street address (P.O. Box **NOT** acceptable)

Lauderhill FL 33313
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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Regine Blanchard
1013 NW 41st Ave
Lauderhill, FL 33313

(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 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Any and all legal business including reseller of window treatments,
impact windows, and exterior accordion shutters.

REQUIRED SIGNATURE:

RPB

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Regine Blanchard

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)