MICO0003/16

(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:							
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FLORIDA DEPARTMENT OF STATE
Division of Corporations ALLARASSEE, FLORIDA

March 31, 2016

WILLIAM DAIGLE P.O. BOX 2185 FOLEY, AL 36536

SUBJECT: EASY SHUTTER SERVICES, LLC

Ref. Number: W16000023943

We have received your document for EASY SHUTTER SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 116A00006614

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	EASY SHUTTER SERVICES, LLC							
Sebucer	Name of Limited Liability Company							
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida						
Please return al	l correspondence concerning this matter to the	ne following:						
	William Daigle							
. Name of Person								
	Easy Shutter Services, LLC							
Firm/Company								
	P.O. Box 2185							
Address								
	Foley, AL 36536	·						
	City	/State and Zip Code						
	shutterservicesllc@gmail.com							
	E-mail address: (to be us	sed for future annual report notification)						
For further info	rmation concerning this matter, please call:							
Willia	nm Daigle	at ()						
	Name of Contact Person	Area Code. Daytime Telephoner Number						
Division Regist P.O. B Tallah	LING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314 neck for the following amount:	STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301						
	55.00 Filing Fee \$\square\$ \$130.00 Filing Fee \$\&\$ Certificate of Status	7 to 75 to 7						

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLÍANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTER ISINESS. IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA	:				
1	EASY SHUTTER SI					
(Name of Fore	eign Limited Liability Company; mus	t inclu	de "Limited Liah	ility Company," "L.L.C.,"	or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose "or "LLC.")	e of tra	nsacting business	s in Florida. The alternate	name must include	"Limited
2 STATE OF ALABAM	۱۸	3	83-1349243			
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applica	ble)	
21/4					•	
4. N/A	(Date first transacted busine (See sections 605.0904 & 605.	ss in F	orida, if prior to	registration.)		
5. 22219-B US HWY 98		0905,	r.S. to determine	репану навину)		
FOLEY, AL 36535						
· · · · · · · · · · · · · · · · · · ·	(Street Address of F	rincipa	d Office)			
6. P.O. BOX 2185				•		
FOLEY, AL 36536					201 AE	
	(Mailing A	Address	s)		2016 APR SECRETA FAELAHA	
7. Nome and atmost address	s of Florida registered agent: (P.	O Da	v NOT a soonte	د. اماد	器器	*********
7. Name and <u>street addres</u>		O. B 0	х <u>мот</u> ассера	inie)	SSE SES	Ü
Name:	WILLIAM DAIGLE			-	ل المالية	rea
Office Address:	5588 BAUER RD			_		
	PENSACOLA			, Florida <u>32507</u>		
	(City)			(Zip code)	>. °	
designated in this applica to complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment o	as registered ag	ent and agree to act in	this capacity. I	further agree
3. The name, title or can	acity and address of the person(s)	who h	as/have authori	ty to manage is/are:		
WILLIAM DAIGLE -	•			·, · · · · · · · · · · · · · · · · · ·		
		·				
Persacola,	FU 32507		,			
9. Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the coal abmitted)	ertitica		n language, a translatio		
This document is avanuable	in accordance with section 605.0	203.11	Duby Florido S	/ Inlutes I am awara that	any false inform	ation
	the Department of State constitu					aşt(71)
	WILL	IAM I	DAIGLE			

Typed or printed name of signce

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Easy Shutter Services, LLC was formed in Baldwin County, Alabama on February 10, 2016. The Alabama Entity Identification number for this entity is 352-618. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160325000009062

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/25/2016

Date

X 74. Merill

John H. Merrill

Secretary of State