

L04000045240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

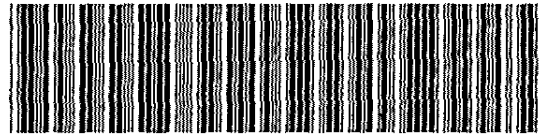
(Business Entity Name)

(Document Number)

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FILED
2004 JUN 14 PM 2:35
TALLAHASSEE, FLORIDA

J. BRYAN JUN 16 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
2004 JUN 14 PM 2:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: FiberGlass Works 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:

CLAUDIO KALVIN ROMAN
(Name of Person)

FiberGlass Works
(Firm/Company)

4 COMET CT
(Address)

PALM COAST FLORIDA 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudio Kalvin Roman at (87386) 846-6511
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2004 JUN 14 PM 2:35
MICHIGAN CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FiberGlass Works LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

FiberGlass Works

4 COMET CT

PALM COAST FL 32137

Mailing Address:

FiberGlass Works

P.O. BOX 350693

PALM COAST FL 32135-0693

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CLAUDIO KALVIN ROMAN
Name

4 COMET CT
Florida street address (P.O. Box NOT acceptable)

PALM COAST FLORIDA 32137
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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MICHIGAN CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

owner/mgr

Claudio Kalvin Roman
4 comet st.
Palm Coast FL ~~32127~~
32137

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claudio Kalvin Roman
Typed or printed name of signee

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)