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|   |       | To:   |  |          |         |
|---|-------|-------|--|----------|---------|
|   |       |       | Division of Corporations   |          |         |
|   |       |       | Fax Number : (850)617-6381   |          |         |
|   | 3:40  | From: | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944   | 吊        | <u></u> |
|   | 19 O- | **Ent | er the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.**  | PM 1: 33 |         |
| - |       |       | LERGAL PRODUCTION OF THE PRODU |          |         |

## FLORIDA LIMITED LIABILITY CO. FIBER GLASS SOLUTION AND CUSTOM DESIGN LLC

| Certificate of Status | 1        |  |
|-----------------------|----------|--|
| Certified Copy        | 0        |  |
| Page Count            | 03       |  |
| Estimated Charge      | \$130.00 |  |

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY EFFECTIVE DOTAL 1/1/22

| The name of the Limited Liability Company is:   |
|---|
| FIBER GLASS SOLUTION AWD CUSTOM  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:  |
| 7024 SW 38 TH CT MIRAMAR FL<br>33023  |
| ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limital Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  Alco Jimenez |
| 7024 SW 38th Ct Miramar F1 33023  |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  ALLEW JIMEWEZ (AMBR)  |
| ·   |
|   |

## Required Signatures:

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

In accordance with section 605.0203 (1) (b), 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.

ALLEW TIMENEZ

Typed or printed name of signee

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)