

L23000091952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

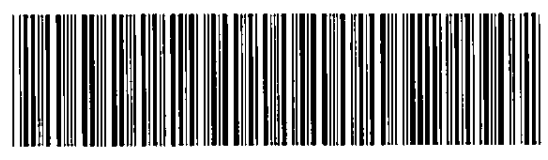
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: Chip's Auto Glass, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

N. Richard Schopp
N RICHARD SCHOPP PA
453 NW Prima Vista Blvd.
Port St. Lucie, Florida 34983
E-mail address (to be used for future annual report notification): nrspa@bellsouth.net

For further information concerning this matter, please call:

N. Richard Schopp at (772) 878-4120

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL 32303

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**ARTICLES OF ORGANIZATION
OF
CHIP'S AUTO GLASS, LLC**

ARTICLE I – NAME

The name of the limited liability company is Chip's Auto Glass, LLC. ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
5410 Orange Avenue
Fort Pierce, Florida 34947

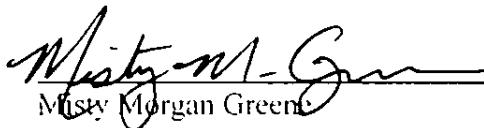
Mailing Address:
5410 Orange Avenue
Fort Pierce, Florida 34947

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Misty Morgan Greene
715 Kearney Road
Fort Pierce, Florida 34982

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.


Misty Morgan Greene

ARTICLE IV - MANAGERS OR MEMBERS

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

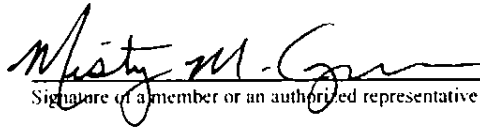
"AMBR" = Authorized Member

MGR

Name and Address:

Misty Morgan Greene
715 Kearney Road
Fort Pierce, Florida 34982

REQUIRED SIGNATURE:



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.

Misty Morgan Greene

Typed or printed name of signer

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TALLAHASSEE, FLORIDA