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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJ	ECT:	AUTO (LASS)	PRFECTIONIST. ATE NAME - MUST INCL	S Inc.	
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Enclos	sed is an o	original and one(1) copy of the artic	les of incorporation and a	t check for) # [D
☐ \$70.00 Filing Fee		00 ⋈ \$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL CO	PY REQUIRED	
	FR	OM: Roy (asanowa Name (Pr	Crinted or typed)		· · · · · · · · · · · · · · · · · · ·
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L00000005539

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Tamara Casanova 2855 SW 10th Street Fort Lauderdale, FL 33312

May 01, 2000

Florida Department of State Division of Corporations – Registration Section Attn: Tim Burch, Document Specialist P.O. Box 6327 Tallahassee, Florida 32314

Dear Mr. Burch.

We recently received a letter regarding our filing of corporate status for Auto glass perfectionists. After speaking with two representatives at your office we have decided to file as a limited liability organization.

I have been instructed to notify you in writing that the funds of \$78.75 are to be transferred to the LLC division so this may be achieved. I have enclosed acopy of the letter you sent us and the documents for the LLC division. The additional monies due of \$46.25 are enclosed with the required documentation.

Thank you for your cooperation in this matter. Please do not hesitate to contact me at 800-881-5993, ext. 1063 if I may be of further assistance.

Tamara Casanova

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Auto (9/055 terfection 5, LLC)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2855 Sw 10 * Street Text 10: decidal, 12. 33312
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Pal (asanova 2855 Sw 10 th Street Florida street address (P.O. Box NOT acceptable) For Landwal FL 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, F.S
Roy Casanova Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
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

FILING FEES:

Typed or printed name of signee

\$ 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)

that the facts stated herein are true.)