

L000000006261

James Bello
418 N. 6th Street ♦ Ft. Pierce, FL 34950
Phone 561 231-7792 ♦ Fax 561 231-1343

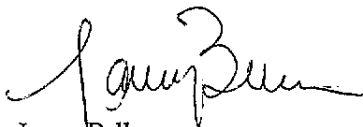
May 23, 2000

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

Dear Registration Office:

Please process the following Articles of Organization for Sunrise City Glass, LLC. A check for the filing fee of \$125.00 is enclosed. Please direct any questions to the above. The fastest form of contact would be by fax. Thank you.

Sincerely,


James Bello

000003267460--8
-05/26/00--01003--004
****125.00 ****125.00

FILED
00 MAY 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-6261

Name	531
Availability	
Document	
Examiner	
Update	
Monitor	
Verifier	
Acknowledgment	
W. P. Verifier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunrise City Glass, LLC

ARTICLE II - Address:

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

421 N. US Hwy. 1
FT. Pierce, FL 34950

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

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

James Bello

Name

418 N. 6th ST

Florida street address (P.O. Box **NOT** acceptable)

FT Pierce FL 34950

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..

James Bello

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)

James Bello
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.)

James Bello

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 25 PM 4: 20

FILED

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)