## LERODO 000 7530

Joseph Glass
12111 Walden Woods Ln
ORLANDO FC 32826

Daytime Phone 407 2818470

Thankyou

700003301127----06/22/00--01067--002 \*\*\*\*125.00 \*\*\*\*125.00

DO JUN 22 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: BROKEN GLASS LTD CO.

ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Con    2		:	
The name and the Florida street address of the registered agent are:    Joseph A · Glass			
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisitatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 608, I Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more manager therefore, a manager - managed company.	nt as isions of vith and F.S	'all	
(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 that the facts stated herein are true.)  Typed or printed name of signee  FILING FEES:  \$ 100.00 Filling Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)	SEGRETARY OF STATE	00 JUN 22 PM 4: 20	FILED