L02000009241

Florida Department of State

Division of Corporations
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TO:

Division of Corporations

Fax Number : (850)205-0383

k,com:

Account Name : PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone : (800)603-2533

Fax Number = (800)398-0461

MECEIVED PAR 18*PMI2: 09 SION OF CORPORATION

EIMITED LIABILITY COMPANY

GLASSOTICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Fax Audit No. (((H02000089219 8))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF GLASSOTICA, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLASSOTICA, LLC

ARTICLE II - Address:

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

1327 SABLEWOOD DRIVE, APOPKA, FL 32712

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

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

MITRA S. TOTTEN Name 1327 SABLEWOOD DRIVE Florida street address (P.O. Box NOT ACCEPTABLE) APOPKA, FL 32712 City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability companies at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to far 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 608.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

U The Limited Liability Company is to be managed by one manager or more managers and is therefore.

manager - managed company.

Signature of a member or 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.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info: Parcorp Services, Ltd. / David L. Surina 931 W. 75th Stroot, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533 Fax Audit No. (((H02000089219 8)))