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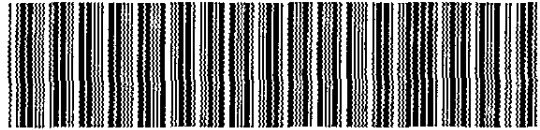
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FILED
03 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Auto Glass, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Nderim Sina

(Name of Person)

(Firm/Company)

529 South Parsons Avenue Apt. 613

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles T. Pace

(Name of Person)

at (201) 337-1993

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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03 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Auto Glass, LLC

ARTICLE II - Address:

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

Principal Office Address:

529 South Parsons Avenue Apt. 613
Brandon, FL 33511

Mailing Address:

529 South Parsons Avenue Apt. 613
Brandon, FL 33511

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

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

Nderim Sina

Name

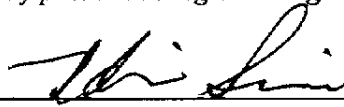
529 South Parsons Avenue Apt. 613

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

Brandon FL 33511

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.



Registered Agent's Signature

FILED
03 JUL 28 2008
TALLAHASSEE
SECRETARY OF STATE

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Nderim Sina

529 South Parsons Avenue Apt. 613

Brandon, FL 33511

MGRM

Marion Sina

529 South Parsons Avenue Apt. 613

Brandon, FL 33511

MGRM

Marion Sina

Marion Sina

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marion Sina
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.)

529 South Parsons Avenue Apt. 613

Typed or printed name of signee

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)

FILED
03 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA