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TRANSMITTAL LETTER

SUBJECT: ARMSTRONG Glazing Contractors, ILC" (Dame 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:
Abdiel Lore / Armstrong Glazing Contractors, LLC (Name of Person)
2464 W 80 ST Bay#6
Hialah Fl 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Abdiel Lopic at (305) 556-0477 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section Division of Corporations

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	11
ARMSTRONG GLAZING CONTRAC	tors, LLC"
ARTICLE II - Address:	
The mailing address and street address of the principal	al office of the Limited Liability Company is:
	, ,
Principal Office Address:	Mailing Address:
2464 W 80 ST .	. 1
Ray 46	Same
1/16 brod F1 22016	
ARTICLE III - Registered Agent, Registered Offic	ce, & Registered Agent's Signature:
The name and the Florida street address of the registe	
Abdiel Lope	2
Name	
2464 W 80	イナ# /
Florida street address (P.O. Box	NOT accountables
Hialeah FL City, State, and Zip	<u>3306</u>
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 certifi	
registered agent and agree to act in this capacity. I fu	
statutes relating to the proper and complete performan	
accept the obligations of my position as registered age	nt as provided for in Chapter 608, F.S
_	
Milatta	
Paristared Apant's Sign	notitivo –

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Abdiel Lope2 2464 W 80 ST Bay#6 Higlegs, Fl 330/6		
		_	
<u></u>	1003 SEP	_	
(Use attachment if necessary)			
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:	added if an effective date is requested.		

ABOIEL LOPEZ
Typed or printed name of signee

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:

\$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.)