

Division of Corporations

W03000036835

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

American Glass Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

W03-36835

[Handwritten signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **American Glass Services, LLC**

ARTICLE II - Address

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

**6297 Augusta Cove
Destin, FL 33541-3466**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

David B. Fillingim

Name

6297 Augusta Cove

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Destin, FL 32541-3466

(City / State / Zip)

SECRETARY OF STATE
ALABAMA
FLORIDA

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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.

David B. Fillingim
Registered Agent's Signature - David B. Fillingim

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

David B. Fillingim, 6297 Augusta Cove, Destin, FL 32541-3466 - Managing Manager
Bob Daigrepoint, 6641 Government Street, Baton Rouge, LA 70806 - Managing Manager

David B. Fillingim
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 B. Fillingim

Typed or printed name of signee

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