

L04 00000 7605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700027399627

01/23/04--01002--029 **130.00

FILED
04 JAN 22 PM 3:00
Securities & Finance
TALLAHASSEE, FLORIDA

1/28
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKELAND 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:

ANNEMARIE MATA & ROBERT LAWKIEL
(Name of Person)

LAKELAND Auto Glass, LLC
(Firm/Company)

5802 ROSS CREEK Rd
(Address)

LAKELAND, Florida 33810
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

04 JAN 22 PM 3:00

FILED

For further information concerning this matter, please call:

ANNEMARIE MATA at 863, 853-2282
(Name of Person) (Area Code & Daytime Telephone Number)
863-815-0833

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 JAN 22 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKELAND 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:

5802 ROSS CREEK Rd
LAKELAND, FL 33810

Mailing Address:

5802 ROSS CREEK Rd
LAKELAND, FL 33810

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

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

ANNEMARIE MATA

Name

5802 ROSS CREEK Rd

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

LAKELAND FLORIDA 33810

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, Florida Statutes..

X Annemarie L. Mata

Registered Agent's Signature

FILED

04 JAN 22 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ANNEMARIE MATA
5802 ROSS CREEK RD.
LAKE LAND, FL 33810

MGR

ROBERT LAWKIEL
5802 ROSS CREEK RD.
LAKE LAND, FL 33810

/

/

/

/

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Annemarie T. Mata & Robert Lawkiel
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.)

ANNEMARIE MATA & ROBERT LAWKIEL
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)