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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: GLAS	SS NOW, LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
STEVE	N MEADOWS		
	(Name of Person)	
GLASS	NOW, LLC		
		(Firm/Company)	
<u>3001 S.</u>	COURSE DF		
		(Address)	
<u>POMPA</u>	<u> NO BEACH, </u>		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
STEVEN ME	EADOWS	at (954) 957 (Area Code & Daytime To	19805
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee ■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallabassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLE 1 - Name.	
The name of the Limited Liability Company	y is:
GLASS NOW, LLC	
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2004 S. COURSE DRIVE #506	3001 S. COURSE DRIVE #506
3001 S. COURSE DRIVE #506	
POMPANO BEACH, FL 33069	POMPANO BEACH, FL 33069
ADDITION TO A SECOND ASSESSMENT OF THE SECOND	1000 05 11 11 11 11
	ered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another
various viaity with an active 1 toliga legislation,	

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

ADTICLE L. Nomes

STEVEN	MEADOWS	
	Name	

3001 S. COURSE DRIVE #506

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

POMPANO BEACH FL 33069
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

WAY -L PM 12: 40

Title: "MGR" = Mana "MGRM" = Ma	nger unaging Member	Name and Address:	
MGRM		STEVEN MEADOWS 3001 S. COURSE DRIVE #506 POMPANO BEACH, FL 33069	
MGRM		PATRICK COOMBE 3001 S. COURSE DRIVE #506 POMPANO BEACH, FL 33069	
(Use attachmen	t if necessary)		
CLE V: Effective	date, if other than th	e date of filing: (OF be specific and cannot be more than five busin	TIONA tess day
CLE V: Effective	e date, if other than the sted, the date must blate of filing.) GNATURE:	be specific and cannot be more than five busing	TIONA less day
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