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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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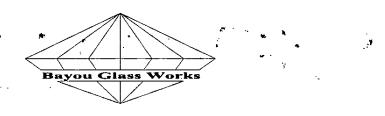
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	ст: Ва	you Glass Works, (Name of Limite	LLC d Liability Compa	any)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	3 .	
Please	return all corresp	ondence concerning this matte	r to the following	a	
	Joseph	J. DiRenzo			
			Name of Person)		
	Bayou G	Blass Works, LLC			
		(Firm/Company)		
,	217 34t	h Avenue North			
			(Address)		
	St Pete	rsburg, FL 3370			
		(City.	State and Zip Code))	
For fur	ther information	concerning this matter, please	cali:		
Jos	seph J. Dif	Renzo	at (727	823-0	206
		of Person)	at (e & Daytime To	elephone Number)
Enclos	ed is a check for	or the following amount:			
▼\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	y	\$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation suilding ecutive Center see, FL 32301	ns



August 20, 2007

Registration Section Division of Corporations P.O. Box 6327 Tallahasse, FL 32314

To whom it may concern,

Please find my application for an LLC attached. My contact information is below. Please contact me if you have any questions or require additional information. Thank you for your anticipated prompt reply.

Sincerely,

Joseph J. DiRenzo

President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Bayou Glass Works, LLC. (Must end with the words "Limited Liability Company, "Limited Liability Company,"	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
217 34th Avenue North	217 34th Avenue North
St Petersburg, FL 33704	St Petersburg, FL 33704
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of Joseph J. DiRenzo	-
Name	
217 34th Avenue North	
	ress (P.O. Box NOT acceptable)
St Petersburg, FL 33704	FL.
City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REØUIRED)
	A SI

(CONTINUED) Page 1 of 2

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	Name and Address:
"MGRM" = Managing Member	
MGR	Joseph J. DiRenzo
	217 34th Avenue North
	St Petersburg, FL 33704
MGRM	Shirley Bertowitz
	217 34th Avenue North
	St Petersburg, FL 33704
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

Joseph J. DiRenzo

that the facts stated herein are true.)

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)