L09000107201

(Re	questor's Name)	
(Add	dress)	
· ·	,	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne) :
(Do	cument Number)	
(200)	zament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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O9NOV-5 AMII: 04 SECRETARY OF STATE FALLAHASSEE, FLORIGA

J. BRYAN
NOV -6 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations						
SUBJE	CT:	S	ilver Gl	ass, LLC				
		Name of Limi	ited Liabili	ty Company				
The end	closed Articles	of Organization and fee(s) are	submitted	for filing.				
Please 1	return all corres	spondence concerning this man	tter to the	following:				
		s	tephen :	Swartz				
•			Name of I				SEC	80
Silver Glass, LLC			XET AHA	AON 60				
-			Firm/Con	npany			SSE	5
	36631 Reserve Drive			E F	2			
-	Address .		STAT	AH : 0				
		Eu	ustis, FL	32736			DA E	.
•	. 	Ci	ty/State and	Zip Code				
_	····	Stephen@	①LakeC	ountyFood.	com			
		E-mail address: (to be used		anual report notif	fication)			
For furt	her information	n concerning this matter, pleas	e call:					
		hen Swartz		352		83-2144		
	Name	e of Person	<i>A</i>	trea Code & Day	time Tele	ohone Number		
Enclose	ed is a check t	for the following amount:						
_		\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing Fee fied Copy ional copy is enc		\$160.00 Fili Certificate (Certified Co (additional co	of Status opy	•
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	I I (Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Fallahassee, FL	tion porations Center C			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited Liability Company is:		99 NOV
Silver Glass	s. LLC	SAR 5
(Must end with the words "Limited Liabil		mo P
ARTICLE II - Address:		FE ST
The mailing address and street address of the pr	rincipal office of the Limited Liabil	ity pan is:
Principal Office Address:	Mailing Address:	
500 E Gottsche Ave	36631 Reserve Dr	
Eustis, FL 32726	Eustis, FL 32736	
The name and the Florida street address of the r Stephen S Name		
36631 Res	serve Dr	
Florida street address (P.O.		
Eustis	FL	
City, State, as		
Having been named as registered agent and to a 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 the obligations of my position as registered Agent's Signat	his certificate, I hereby accept the ap y. I further agree to comply with the erformance of my duties, and I am far stered agent as provided for in Chap	ppointment as provisions of all miliar with and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Karl Buchner		
	500 E Gottsche Ave Eustis, FL 32726	-	
MGRM	Stephen Swartz	<u> </u>	
	36631 Reserve Dr	SET 39	
	Eustis, FL 32736	09 NOV -5 Secretary	-
	A \$\$	TAR	
		•	'n
•		AM II:	
	76	— ———————————————————————————————————	
(Use attachment if necessary)		-	
CLE V: Effective date, if other than the	e date of filing: (OPTI	ONAL)	
effective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business	s days pr	ior
o days after the date of hing.)			
REQUIRED SIGNATURE:			
_	er or an authorized representative of a member.		
of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)		

Typed or printed name of signee 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)

Stephen Swartz