(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only

G. MCLEOD

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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration So Division of Cor	ection rporations	
SUBJI	ECT:	The C	Glaser Group LLC
2,01301			ed Liability Company
The en	closed Articles of	Organization and fee(s) are s	submitted for filing.
Please	return all correspondent	ondence concerning this matte	ter to the following:
		S	Stefani Glaser
			Name of Person
		The G	Glaser Group LLC
			Firm/Company
		5504	Homeland Road
			Address
		Lake We	orth, Florida 33449
			ty/State and Zip Code
			@rocketmail.com
For fu	ther information	eoncerning this matter, please	for future annual report notification) e call:
		,,	•
		ani Glaser	at ( 561 ) 797-2220  Area Code & Daytime Telephone Number
	Name	or reison	Area Code & Daytime Telephone Number
Enclo	sed is a check fo	or the following amount:	
<b>□</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ser Group LLC	<del></del>
(Must end with the words "Lim	ited Liability Company," "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liabilit	y Company is
Principal Office Address:	Mailing Address:	
5504 Homeland Road	5504 Homeland Road	
Lake Worth, Florida 33449	Lake Worth, Florida 33449	
ADTICLE III Dogistanad Agant Da	gistand Office P. Desistand Agent's Sign	noturo:
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:	or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual o	or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual of of the registered agent are:	DIVISION OF CO
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address.	own Registered Agent. You must designate an individual of of the registered agent are:	DIVISION OF CORP
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  S  5504	own Registered Agent. You must designate an individual of of the registered agent are:  tefani Glaser Name	DIVISION OF CORPOR
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  S  5504	own Registered Agent. You must designate an individual of of the registered agent are:  tefani Glaser Name  Homeland Road ress (P.O. Box NOT acceptable)	DIVISION OF CORP

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

# 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 "MGRM" = Managing Member	Name and Address:
	•
MGRM	Stefani Glaser
	5504 Homeland Road
	Lake Worth, Florida 33449
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL
officiation data in lintary the data	be specific and cannot be more than five business days
90 days after the date of filing.)	Alan A
90 days after the date of filing.)  REQUIRED SIGNATURE:	per or an authorized representative of a member.
90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE:  Signature of a member of this document constitute facts stated here.	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)