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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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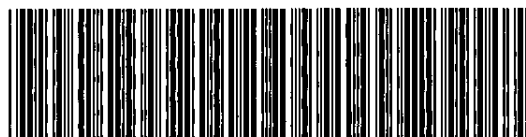
(Business Entity Name)

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RECEIVED  
10 APR 20 PM 4:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 APR 20 AM 9:09  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

APR 21 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 04/20/10

**REF. #:** 000277.123484

**CORP. NAME:** ATG AEROSPACE TRANSPARENCIES GROUP, LLC

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 534561 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
ATG AEROSPACE TRANSPARENCIES GROUP, LLC**

These Articles of Organization of ATG Aerospace Transparencies Group, LLC have been duly executed and are being filed by the undersigned authorized representative of a member to form a Florida limited liability company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608) as follows:

**ARTICLE I  
NAME**

The name of the limited liability company formed hereby is ATG Aerospace Transparencies Group, LLC (the "Company").

**ARTICLE II  
ADDRESS**

The principal place of business address and mailing address of the Company is 4747 East 10<sup>th</sup> Avenue, Hialeah, Florida 33013.

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the registered agent is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization on the 20<sup>th</sup> day of April, 2010.

By: Kim Hines  
Kim Hines  
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).

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DIVISION OF CORPORATIONS  
10 APR 20 AM 9:09


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OF THE FLORIDA STATUTES, ATG AEROSPACE TRANSPARENCIES GROUP, LLC SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

- (1) The name of the limited liability company is ATG Aerospace  
Transparencies Group, LLC.
- (2) The name and street address of the Florida registered agent are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

*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 the 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 in Chapter 608, F.S.*

By:   
Name: Michele Holden  
Title: Assistant Secretary

Date: April 20<sup>th</sup> 2010