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SECRETARY OF STATE ON STATE ON STATE ON STATE OF STATE OF

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: City National Auto Glass, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Benton Land Name of Person
City National Auto Glass, LLC
4560 NW 32ND Street
Lauderdale Lakes Florida 33319 CitylState and Zip Code
matthew.lanb 75 @ yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (454) 865 - 4690 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability (Company is:
Principal Office Address: Mailing Address:	
4560 NW 32nd Street Lauderdale Lakes, Florida 33319 4560 NW 32nd Street Lauderdale Lakes, Florida 33319	• - •
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Nathew Benton Lamb Name	SECRETARY VISION OF C
Florida street address (P.O. Box NOT acceptable) Lauderdale Lakes FL 33319 City, State, and Zip	LEU Y OF STATE ORPORATIONS
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint	

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)