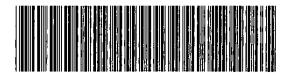
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SECRETARY OF STATE

T. CLINE
APR 19 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
SUBJECT: Gre	at Scott Glass		
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
Scott R	losenberg		
<u></u>	<u>.</u>	Name of Person	
Great S	Scott Glass		
		Firm/Company	N. H. III. III. III. III. III. III. III.
4208 P	alm Bay Circle Apt 6	3	
<del> </del>		Address	
West Pa	lm Beach Florida, 33	406	
<del></del>	Cit	y/State and Zip Code	L-11
greatscot	tglass@gmail.com		ZOII SE ALI
	E-mail address: (to be used f	for future annual report notification)	<b>≯</b> R <b>3</b>
For further information concerning this matter, please call:		RETARY OF STATE OR Number OR	
Scott Rosenbe	erg	at ( 561 ) 8914258	m of
Na	me of Person	Area Code & Daytime Tel	SECRETARY OF STATE ALL AHASSEE, FLORID, Number Number
Enclosed is a chec	k for the following amount:		A
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compan	y is:
Great Scott Glass LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the street address and street address of the s	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4208 Palm Bay Circle Apt B	4208 Palm Bay Circle Apt B
West Palm Beach	West Palm Beach
Florida, 33406	Florida, 33406
N	ZOSENBERG ZES
4208 PALM BAY C	IRUE APT # B. et address (P.O. Box NOT acceptable)
West Palm Bear	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above state dimited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608. F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGR	Scott Rosenberg	_
	4208 Palm Bay Circle Apt B	_
	West Palm Beach Florida, 33406	-
		-
		-
		<b>-</b>
		-
		-
		_
		_
(Use attachment if necessary)	2112	-
•	2011 12 (OPTIO	
LE V: Effective date, if other than the	e date of filing: 4/80/14	
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: 4/80/14. (OPTIO	days
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LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	e date of filing: 4/80/14. (OPTIO de specific and cannot be more than five business of a member of a m	days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member 28.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein and true	20:1 APR 18
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the date of the date of the date of filing.)	e date of filing: 4/80/34. (OPTIO de specific and cannot be more than five business de specific and cannot be more than five business de ror an authorized representative of a member 2500 de secution of this document er the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	20:1 APR 18

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)