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SECRETARY OF STATE
AND ARREST FOR CRITERIA

C. LEWIS

APR 20 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SURT	ECT. Glenn	's Super Cub LL	С	
3010	EC1		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this mat	tter to the following:	
	Glenn Co	tton		
			Name of Person	
	Glenn's S	uper Cub LLC		
			Firm/Company	
	2894 NE	26 PL		
	, , , , , , , , , , , , , , , , , , , ,		Address	****
	Fort Laudei	dale, FL 33306		
			ty/State and Zip Code	
	gcotton@ba	thfitter.com E-mail address: (to be used	for future annual report notification)	
For fu	rther information of	concerning this matter, pleas	e call:	
Glen	nn Cotton	of Person	at (954) 594 Area Code & Daytime Telep	0375 hone Number
Enclo	sed is a check fo	r the following amount:		_
\$125.0 0	O 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Company	is:	
Glenn's Super Cub LLC		
(Must end with the words "Limited Lia	ability 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:	
2894 NE 26 PL	2894 NE 26 PL	
Fort Lauderdale, FL 33306	Fort Lauderdale, FL 33306	
	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
The name and the Florida street address of the	e registered agent are:	
Glenn Cotton	FIG. 7	7
Nan	To _	
2894 NE 26 Pla	Ce STATE OO	
Florida street a	address (P.O. Box NOT acceptable)	
Fort Lauderdale	_{FI} 33306	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manager	**	00 a
Title:	Name and Address:	SECRETARY OF
"MGR" = Manager		SECRETARY OF TALLAHASSEE,
"MGRM" = Managing Member		
MGRM	Glenn Cotton	
	2894 NE 26 PL	
	Fort Lauderdale, FL 33306	· · · · · · · · · · · · · · · · · · ·
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LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	e specific and cannot be more t	f a member. on of this document stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	er or an authorized representative of a statutes, the execution of the penalties of perjury that the facts mation submitted in a document to the	f a member. on of this document stated herein are true.
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 statutes, the execution of the penalties of perjury that the facts mation submitted in a document to the	f a member. on of this document stated herein are true.
(In accordance with section 608 constitutes an affirmation unde I am aware that any false information constitutes a third degree felong Glenn Cotton	er or an authorized representative of the penalties of perjury that the facts mation submitted in a document to the y as provided for in s.817.155, F.S.)	f a member. on of this document stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	er or an authorized representative of 8.408(3), Florida Statutes, the execution the penalties of perjury that the facts mation submitted in a document to the y as provided for in s.817.155, F.S.)	f a member. on of this document stated herein are true.
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