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SECRETARY DE STATE
DIVISION OF CONCORNATIONS

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T. BROWN

COVER LETTER

Registration Section Division of Corporations

Crystal Coast Glass

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:

Jeffrey Scott Sczesnik

Name of Person

Crystal Coast Glass

Firm/Company

12371 Neeld St.

Address

Weeki Wachee Florida 34614

City/State and Zip Code

jeffrey869@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Sczesnik

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ie:		
The name of the Li	mited Liability Con	npany is:	
			ن ﴿
Crystal Coast Glass "LL	C."		Pr. 1
		mited Liability Company, "L.L.C.," or "LL	30c, 30c, 1.20
			`0
The mailing address		of the principal office of the Lin	nited Liability Company is:
The manning addres	s and street address	of the principal office of the Em	med Liability Company is.
Principal Office A	<u>ddress:</u>	Mailing Address:	EFFECTIVE DAT
12371 Neeld St.		12371 Neeld St	
Weeki Wachee		Weeki Wachee	
Florida 34614		Florida 34614	
The name and the F		s of the registered agent are:	
	Jeffrey Scott Sczesnik	Name	_
		· vanie	
	12371 Neeld St.		_
	Florid	a street address (P.O. Box NOT accept	able)
	Weeki Wachee	Fl. 34614 _{FL}	
		City, State, and Zip	-
liability compan registered agent a all statutes relati	ny at the place desig and agree to act in t ng to the proper and	nt and to accept service of process nated in this certificate, I hereby o his capacity. I further agree to co I complete performance of my du tion as registered agent as proyld	accept the appointment as properly with the provisions of the provisions of the provisions with

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" Jeffrey Scott Sczesnik 12371 Neeld St. Weeki Wachee Fl. 34614 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: Oct-01-2013 (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 SIGNATURES 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 constitutes a third degree felony as provided for in s.817.155, F.S.) Jeffrey Scott Sczesnik 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)