

10/21/13

L13000148108

Division of Corporations

Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
Affordable Glass, Mirror and Screen LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

OCT 22 2013
D. BRUCE

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Affordable Glass, Mirror and Screen 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:

1912 NE 52nd Street

1912 NE 52nd Street

Ocala, FL 34479

Ocala, FL 34479

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Robert Senn _____

Name

1912 NE 52nd Street _____

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Ocala, FL 34479 _____

(City / State / Zip)

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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.



Registered Agent's Signature - Robert Senn

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

H13000233101

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

Title:

Name and Address:

"MGR" = Manager

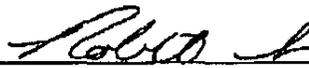
"MGRM" = Managing Member

MGR

Robert Senn - 1912 NE 52nd Street, Ocala, FL 34479

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Robert Senn

Typed or printed name of signer

SECRETARY OF STATE
PAUL DEWINE
STATE OF FLORIDA

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