

L14000142135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

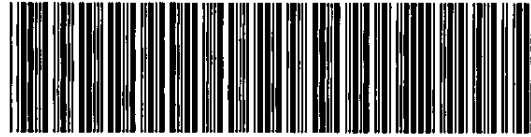
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/04/14--01003--025 \*\*125.00

EFFECTIVE DATE

9/1/14

FILED  
2014 SEP -4 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oulligan SEP 11 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLASER INTERNATIONAL, 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:

DANFEL GLASER FOUGHT

Name of Person

GLASER INTERNATIONAL, LLC.

Firm/Company

2704 ANGEL MESE CT.

Address

MASCOTTE FL 34153

City/State and Zip Code

GLASERINT@GMAIL.COM

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

For further information concerning this matter, please call:

DANFEL G. FOUGHT

Name of Person

at ( 352 )

Area Code

551-9119

Daytime Telephone Number

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 - Name:

The name of the Limited Liability Company is:

GLASER INTERNATIONAL, 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 principal office of the Limited Liability Company is:

Principal Office Address:

2704 ANGEL MIST CT  
MASCOTTE, FL 34753

Mailing Address:

2704 ANGEL MIST CT  
MASCOTTE, FL 34753

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

BRETTANY F. FOUGHT  
Name

2704 ANGEL MIST CT  
Florida street address (P.O. Box **NOT** acceptable)

MASCOTTE FL 34753  
City Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

DANIEL GLASER FOUGHT  
2704 ANGEL MIST CT  
MASCOTTE, FL 34753

BRETTANY F. FOUGHT  
2704 ANGEL MIST CT  
MASCOTTE, FL 34753

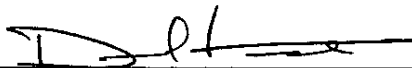
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/1/2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

DANIEL GLASER FOUGHT  
Typed or printed name of signee

FILED  
2014 SEP -4 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)