LISOGGIFYFI

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500266637295

01/21/15--01015--025 **130.00

15 JAN 21 AH 9:56

1. STENERS FEB 0 2 2015

Ramon C. Gutierrez 1457 Northampton Ter Wellington, Fl. 33414 561-722-4978

COVER LETTER

TO: Registratio	n Section Corporations		
OVER VEICE TO A STATE OF THE ST			
SUBJECT: <u>Palm</u>	Beach Glass, LLC Name of Li	mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	natter to the following:	
<u>Ramon</u>	C. Gutierrez		
		Name of Person	
Palm Be	each Glass, LLC		
		Firm/Company	
1457 N	orthampton Ter		<u></u>
		Address	
Wellingt	on, Fl. 33414	 	
		City/State and Zip Code	
palmbeachglas	ss@gmail.com E-mail address: (to be use	d for future annual report notification	ation)
For further information	on concerning this matter, ple	ase call:	
Cary Gutierrez		561) 7224978	
Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or 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)
	ailing Address gistration Section	Street/Courier Add Registration Section	res <u>s</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
Dolm Roseh Class II C	
Palm Beach Glass, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1457 Northampton Ter Wellington, Fl. 33414	1457 Northampton Ter Wellington, Fl. 33414
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Remother business entity with an active Florida registration. The name and the Florida street address of the registered a	Registered Agent. You must designate an individual or
Cary Gutierrez	
Name	
1457 Northampton Ter	
Florida street address (P.O. Box)	NOT acceptable)
Wellington	FL 33414
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	D) AN
Dogg 1 of 1	い ス

<u>Title:</u> "AMBR" = Authorized Mem "MGR" = Manager	Name and Address:	
MGR	Ramon C. Gutierrez	
	1457 Northampton Ter	_
	Wellington, Fl. 33414	_
		_
		_
		_
		_
		_
		_
		-
	•	_
		_
		-
(Use attachment if necessary)		
1 Osc attachment it necessary		
CLE V: Effective date, if other the effective date is listed, the date	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or	90 day
CLE V: Effective date, if other the	nust be specific and cannot be more than five business days prior to or	90 day
CLE V: Effective date, if other the effective date is listed, the date the of filing.)	nust be specific and cannot be more than five business days prior to or	90 day
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any	nust be specific and cannot be more than five business days prior to or	90 day
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior to or	90 day
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	nust be specific and cannot be more than five business days prior to or	-
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State, egree felony as provided for in s.817.155, F.S.)	
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 605.0203 (1) (b). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State, egree felony as provided for in s.817.155, F.S.)	-
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State, egree felony as provided for in s.817.155, F.S.)	15 JAN
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 605.0203 (1) (b). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State, egree felony as provided for in s.817.155, F.S.)	-
CLE V: Effective date, if other the effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of Ramo	re of a member or an authorized representative of a member. section 605.0203 (1) (b). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) n.C. Gutierrez Typed or printed name of signee Filing Fees: Cles of Organization and Designation of Registered Agent	15 JAN
CLE V: Effective date, if other the effective date is listed, the date to of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of Ramo	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) n.C. Gutierrez Typed or printed name of signee Filing Fees: Cles of Organization and Designation of Registered Agent	15 JAN

. ARTICLE IV-