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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. VIC'S GLASS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SECRETARY OF STATE

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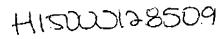
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MAY 29 2015

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: VIC'S Flass Solutions, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Victor W. Frumara
Name of Person.  NIC'S GLASS Solutions, LLC
Pirm/Company  113 Dahla Dah
Altamonte Spr. Pl 32714
City/State and Zip Code  VICTOR MOVEY 29 6 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
For further information concerning this matter, please call:
Victor Flumara at 407 435-5283. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\frac{130.00 Filing Fee & Certified Copy (additional copy is enclosed)}  \$125.00 Filing Fee \$\frac{2}{2} Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  Tallahassee, FL 32301  Division of Corporations Clifton Building Tallahassee, FL 32301

AKTICLES OF ORDANIZATION FOR FORMALIZATION LIABILITY CONTRACT	L		
ARTICLE I - Name: The name of the Limited Liability Company is:			
Must end with the words "Limited Liability Company, "LLC." or "LLC."	<del></del>		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	ī		
Principal Office Address:  113 Dahlia Dr.  Altamora Spr. F1 32774  Altamora Spr. F1 32774  Altamora Spr. F1 32774	<u>32</u> 3⋅N		
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 another business entity with an active Florida registration.)	individual or	-	
The name and the Florida street address of the registered agent are:    Control   Florida Street address (P.O. Box NOT acceptable)	agree to act to implete perfor	t this mance	
(CONTINUED) Page 1 of 2	SECRETARY OF STATE FALLAHASSEE, FLORIDA	15 MAY 28 PH 12: 27	SECRETARY OF STATE

Title:	norized to manage and control the Limited Liability  Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR MBR	Victor W. Frymara 113 Danha D. Fr. FI. Bitamonte spr. FI	YFCE	
		· · <del>· · · · · · · · · · · · · · · · · ·</del>	
(Use attachment if necessary)			
LE V: Effective date, if other than the date of	of filing: 5 29 15 (OPTION		dove of
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