

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L17000073983

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000073983 3)))



H170000739833ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****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.
 CELDON GLASS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2017 MAR 16 PM 4:59

BUREAU OF COMMERCIAL INFORMATION SERVICES

2017 MAR 16 PM 8:18
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

FILED

MAR 17 2017
 C Kinsey

Electronic Filing Menu

Corporate Filing Menu

Help

H17000073983

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CELDON GLASS LLC

(Must contain 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:Mailing Address:936 SW 1st AVENUE936 SW 1st AVENUEUNIT 391UNIT 391MIAMI, FL 33130MIAMI, FL 33130

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:

LAZARO G HERRERO

Name

312A SW 12 AVENUEFlorida street address (P.O. Box NOT acceptable)MIAMIFL33130

City

State

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)

2017 MAR 16 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000073983

03/16/2017 15:57 3852201440
03/16/2017 16:09 3856423992

LAZARUS

PAGE 03/03

PAGE 04

H17000073983

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

Name and Address

YAMILETH D. ZELEDON

936 SW 1st AVENUE, UNIT 391

MIAMI, FL. 33130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/16/2017 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

YAMILETH D. ZELEDON

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)

H17000073983