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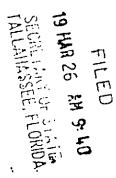
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N CULLIGAN APR 2 2019

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Colored Glass, Designs by Ken L.L. ( 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:
Kenneth Spurger Name of Person
Firm/Company
1081 Palama Way Address
City/State and Zip Code  Kenneth spurgin Q Yahov com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ken Spurgin at (S61) 360-5826  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	Company is:		
Colored (Must contain	Glass, Design the words "Limited Liability Co	ompany, "L.L.C.," or "LL	L.L.C.
ARTICLE II - Address: The mailing address and street address	ress of the principal office of the	e Limited Liability Compa	ny is:
Principal (	Office Address:	<u>Mailie</u>	ng Address:
Lantan,	4 Way	Landana Fl 334	162
ARTICLE III - Registered Agent (The Limited Liability Company of another business entity with an act.) The name and the Florida street ad place designated in this certificate, I further agree to comply with the product familiar with and accept the obligation.	dress of the registered agent are    Vence     Name     Name     Vence     Name     Name	Spurgin  Spurgin  Ma Way  ox NOT acceptable)  FL 334  acceptable Zip  cess for the above stated line  as registered agent and agent the proper and complete poper.	mited liability company at the ree to act in this capacity. I erformance of my duties, and I
	Registered Age	nt's Signatule (REQUIRE)	 D)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	Kenneth Spurgin
	Lantana, FL 33462
	——————————————————————————————————————
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(Use attachment if necessary)	
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EV: Effective date, if other than the da ctive date is listed, the date must be s filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n This document is exectly am aware that any false.	t meet the applicable statutory filing requirements, this date will not be not of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)