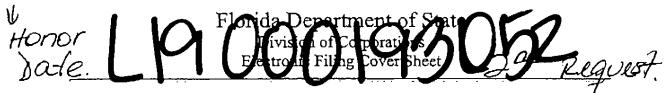
8/5/2019

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

**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. COS IMPACT WINDOWS & DOORS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

COS IMPACT WINDOWS & DOORS, 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: |
|---------------------------|------------------|
| 3300 SW 94 CT | 3300 SW 94 CT |
| MIAMI, FL 33165 | MIAMI, FL 33165 |

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:

| CARLOS FERNAN | IDO SUAREZ BAUZ | <u>Z</u> A |
|---------------------|---------------------|---------------|
| Name | | |
| 3300 SW 94 CT | | |
| Florida suect addre | ss (P.O. Box NOT ac | cceptable) |
| MIAMI | FL | 331 <u>65</u> |
| 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)

19 AUG -6 PH 3: 00

| "MGR" = Manager | Name and Address: | |
|--|--|--|
| | | |
| ANIBR | CARLOS FERNANDO SUAREZ BAUZA | |
| | 3300 SW 94 CT | |
| | MIAMI, FL 33165 | |
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| ffective date is listed, the date must be spe e of filing.) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not leaf State's records. | |
| • | | |
| LE VI: Other provisions, if any. | | |
| • | | |
| TLE VI: Other provisions, if any. REQUIRED SIGNATURE: | mber or anotherized representative of a member. | |

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)