

Office Use Only



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# DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

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Account Number	FCA00000017	
Date.	11-17-20	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT
Telephone:	(850) 513-3619 - direct (850) 224-1585	s 160.00
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	Specialist Glas	s Solutions, LLC
Email Address:	Rmacaulayecartonfields.com	
Entity Number:		
Authorization:	fim Gullen	
Certified-Copy_)	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X)Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	())Will Wait	(X) Pick Up

CF Internal Use Only Client 15957 Matter: 48652 Name M. Ryder Office MIA 95016564

## DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number FCA00000017 11-17-20 Date: **Carlton Fields** Requestor Name: AUTHORIZED AMOUNT TO Post Office Drawer 190 Address: DEDUCT FROM ACCOUNT Tallahassee, Florida 32302 160.00 (850) 513-3619 - direct Telephone: \$ (850) 224-1585 Kim Pullen, CP, FRP Contact Name: pecialist Glass Solutions, LLC Corporation Name: Rmacaulayccarltonfields, com Email Address: Entity Number: Authorization: Gertified Copy -Certificate-of-Status\_ Plain Stamped Copy New Eilings Annual Report Registration Amendments **Fictitious Name** (X) Call if Problem

) Will Wait

) After 4:30

(X) Pick Up

CF Internal Use Only 48652 Client: 15957 Matter: MIA yder Name: M. Office: 9501656-4

(X) Call When Ready

(X) Walk In



## ARTICLES OF ORGANIZATION OF SPECIALIST GLASS SOLUTIONS LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes (the "Act"), hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

### ARTICLE I. NAME

The name of the limited liability company is Specialist Glass Solutions LLC (the "Company").

### ARTICLE II. MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company shall be 6303 Blue Lagoon Drive, Suite 400, Miami, Florida 33126.

#### ARTICLE III. REGISTERED AGENT AND OFFICE

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is CF Registered Agent. Inc., a Florida corporation. 100 S. Ashley Drive, Suite 400, Tampa, Florida 33602.

#### ARTICLE IV. MANAGEMENT

The Company shall be a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company and the Act. The initial Manager of the Company shall be:

Dexter Dwight	6303 Blue Lagoon Drive
	Suite 400
	Miami, Florida 33126

## ARTICLE V. AUTHORIZED REPRESENTATIVE

The name and address of the authorized representative of the organizing member of the Company executing these articles of organization are Robert B. Macaulay, 2 MiamiCentral, 700 NW 1<sup>st</sup> Avenue, Suite 1200, Miami, Florida 33136.

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IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on this 17<sup>th</sup> day of November, 2020.

. . .

Robert B. Macaulay, Authorized

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Representative

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#### ACCEPTANCE OF REGISTERED AGENT

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Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 17th day of November, 2020.

#### **Registered Agent:**

CF Registered Agent, Inc., a Florida corporation

By: <u>Liter Macanday</u> Robert B. Macaulay, Authorized Agent

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