Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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Email Address:

FLORIDA LIMITED LIABILITY CO. **GS MAKING SKY GLASS LLC**

| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION FOR LORIDA LIMITED LIABILITY COMPAN

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(ing SKY Glass LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is:

900 SW 8tH st apto 905 miami Florida 33130

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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 state of the s | | | | |
|--|------|----------|-------|--|
| Jorge galindo Santander | | | | |
| 900 SW 8th St Apto 905 m | ìami | <u> </u> | | |
| Florida 3380 | | | | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | | | | |
| Jorge Galindo Santander CAMBR) | | 20 D | | |
| | 長. | 51 3 | i | |

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Jorge galindo Santandal

Typed or printed name of signee

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)