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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*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.  
GLASS & WINDOWS DESIGN, LLC.**

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FEB 10 2022

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22 FEB -9 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**GLASS & WINDOWS DESIGN, LLC .**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**GLASS & WINDOWS DESIGN, LLC .**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**3300 NE 191 ST SUITE 1610  
AVENTURA, FL. 33180**

The mailing address shall be:

**3300 NE 191 ST SUITE 1610  
AVENTURA, FL. 33180**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**EDGAR FAJARDO**

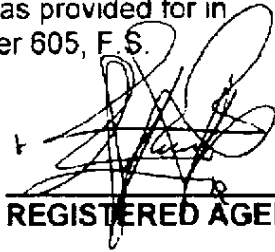
**3300 NE 191 ST SUITE 1610**  
Florida Street address (P.O.BOX NOT acceptable)  
**AVENTURA, FL. 33180**  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**EDGAR FAJARDO**  
3300 NE 191 ST SUITE 1610  
AVENTURA, FL. 33180

**AMBR**

**HECTOR WILLIAM CEBALLOS**  
3300 NE 191 ST SUITE 1610  
AVENTURA, FL. 33180

**MANAGER**



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.)

**EDGAR FAJARDO**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 FEB -9 AM 8:30

**FILED**