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(F	Requestor's Name)
(/	Address)
(A	Address)
(0	City/State/Zip/Phone #)
_	
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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COVER LETTER

	ew Filing Section vision of Corporati	ons			
SUBJECT	MI CASA GLAS	S LLC			
SUBJECT	·	Name of Li	mited Liabili	ty Company	
The enclose	ed Articles of Organi	zation and fee(s) ar	e submitted	for filing.	
Please retur	rn all correspondence	e concerning this m	atter to the f	ollowing:	
	CARLOS A MANZ	ZANO			
		1.1.11	Name of	Person	
	MI CASA GLASS	LLC			
			Firm/Co	mpany	
	9431 SW 4 ST #10	1			
			Addre	288	
	MIAMI FLORIDA	33174			
	·		City/State and	I Zip Code	<u> </u>
-	micasaglasslle@gma E-mail		l for future a	nnual report notificati	ion)
For further in	nformation concernir				,
	CARLOS A MANZ	ANO 7	86	291-5351	
	Name of Pe		rea Code	Daytime Telephon	e Number
Enclosed is	a check for the follo	wing amount:			
Ø\$125.00	Filing Fee □\$1	30.00 Filing Fee & ificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add			Street Address New Filing Section D	ivision
	Division of C P.O. Box 632	orporations		The Centre of Tallaha 2415 N. Monroe Stre	issee
	Tallahassee, I			Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name:
--	-------------------

The name of the Limited Liability Company is:

MI CASA GLASS 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:

Princi	pal Office	Address:
	pai viiice	ALGGI CAA.

Mailing Address:

9431 SW 4 ST #101	9431 SW 4 ST # 101
MIAMI FL 33174	MIAMI FL 33174
-	

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:

<u>CARLOS A MANZ</u>	ANO	
·	Name	
9431 SW 4 ST # 10	1	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33174
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CARLOS A MANZANO 9431 SW 4 ST #101 MIAMI FL 33174
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is expression of the state of	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

CARLOS A MANZANO

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)