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J. SAULSBERRY **EXAMINER**

OCT 4 2013

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	ст:Nei	ghborhood Auto Glass, LLC Name of Limited Liability Company		
The end Existen	closed "Application by Foreign Lim ce, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida, ster the above referenced foreign limited liability company to transact business.	," Certii iness in	ficate of Florida
Please	return all correspondence concerning	g this matter to the following:		
		Julie Hart		
		Name of Person		
		Neighborhood Auto Glass, LLC		
		Firm/Company		
		PO Box 87352		
PO Box 87352 Address				
		u-i√		
Phoenix, AZ 85080			2016	
		City/State and Zip Code	2010 OCT	"TI
		jhartrealestate@aol.com	1	Chemistre Catharine
	E-mail ac	Idress: (to be used for future annual report notification)		П
For furt	her information concerning this mat	ter, please call:	PH 12: 24	Ö
	Julie Hart	at (623) 203-0464 💆	24	
	Name of Person	Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	ed is a check for the following	g amount:		
		00 Filing Fee & \$\ \bigcip\\$155.00 Filing Fee & \$\ \bigcip\\$160.00 Filing Fee, C tificate of Status & Certified Copy of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Neighborhood Auto (Name of Foreign Limited Liability Company; must include "	o Glass, LLC	
	(Name of Foreign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")	
CO	f name unavailable, enter alternate name adopted for the purpose of insent of the managers or managing members adopting the alternate ompany," "L.L.C," "LLC.")	transacting business in Florida and attach a copy of the variance. The alternate name must include "Limited Liability	vritten ty
2.	Wyoming (Jurisdiction under the law of which foreign limited liability 3.	NA (FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4.	09/02/2010 5.	Perpetual (Duration: Year limited liability company will cease to	
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	woon filing		
	(Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to d	, if prior to registration.) etermine penalty liability)	
7.	1821 Logan Ave		
	Cheyenne, WY 82001	2010 SEC ALL	
	(Street Address of Pr	incipal Office)	1
8.	If limited liability company is a manager-managed com		APPROPRIE
9.	The name and usual business addresses of the managin	g members or managers are as follows:	11
	The name and usual business addresses of the managin Julie Hart, PO Box 87352, Phoenix, AZ 85080 -	Nember 22	اليد
10.	. Attached is an original certificate of existence, no more than 90 days of	old, duly authenticated by the official having custody of reco	nds in
	e jurisdiction under the law of which it is organized. (A photocopy is no inslation of the certificate under oath of the translator must be submitted		
11	. Nature of business or purposes to be conducted or pro	moted in Florida:	
	Automotive Glass Repair	and Replacement	
		and topicsomon.	
	Signature of a member or an author	zed representative of a member	
	(In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury the	e execution of this document constitutes	
	Julie H		
	Typed or printed pan	ne of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Neighborhood Auto Glass, LLC			-
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
InCorp Services, Inc. (Name)	SECT	2010 OCT	deres de grande
17888 67th Court North Florida Street Address (P.O. Box NOT ACCEPTABLE)	HASSEE)CT - I	
Loxahatchee, FL 33470 City/State/Zip	F STATE FLORIDA	PM 12: 24	U

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 608, Florida Statutes.

La Signature) Services Inc

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Neighborhood Auto Glass, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 2, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000589272**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of September, 2010 at 3:10 PM. This certificate is assigned 008381327.



Max Massielo
Secretary of State

FILED

2010 OCT -1 PH 12: 24

SECRETARY OF STATE

TALLANASSEE, FLORIEN

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.