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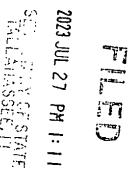
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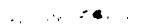
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COVER LETTER

TO:	Registration Section Division of Corporations						
STERIE	SUPREME GLASS SERVICES LLC						
SUBJECT: Name of Limited Liability Company							
The en- Exister	closed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter	to the following:					
	STEVEN DELINO II						
	Name of Person						
	SUPREME GLASS SERVICES LLC						
	Firm/Company						
	478 N SUNDANCE DR						
		Address					
	LAKE MARY, FL 32746						
	City/State and Zip Code						
SUPREMEGLASSSERVICES@GMAIL.COM							
	E-mail address: (to b	oc used for fature annual report notification)					
For fur	ther information concerning this matter, please ca	all:					
MINDY DELINO		337 277-0887 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certificate					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L SUPREME GLASS SE						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compan	y," "L.L.U" or "LLC.")			
(It name unavailable, enter alternate)	name adopted for the purpose of transacting business in I	lorida. Etic alternate in	ame must include "Limited Lia	ability Company," "L.L.C,"	or "LLU,")	
, Louisiana	l	93-151 3				
(linisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
NOT YET STARTED						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, US) to determ	registration i me penatty hability)				
1100 WILDCAT DR 5.			SUNDANCE DR			
(Street Address of Principal Office)		ı\I	ading Address)			
ABBEVILLE, LA 705	10	LAKE MARY, FL 32746				
				46 83		
7. Name and street address	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptal	ole)	023 J	कादीयी ५	
	MINDY DELINO			2023 JUL 27 Segue 14 K	€ <u>******</u> • ********	
Name:				(A) T	य इत्यत्स्य	
Office Address:	478 N SUNDANCR DR			PM I:1	2 3 4	
	LAKE MARY		32746			
	(Cny)		, Florida(Zip.code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MDelluso
(Registered agent's signature)

1. But But 1

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: STEVEN DELINO II	□Manager	Name:	
∐Member	Address: 478 N SUNDANCE DR	□Member	Address:	_
■ Authorized	LAKE MARY, FL 32746	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
≣Manager	Name: MINDY DELINO	□Manager	Name:	
∐Member	Address: 478 N SUNDANCE DR.	□Member	Address:	
■Authorized	LAKE MARY, FL 32746	□Authorized		
Person		Person	 	
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other

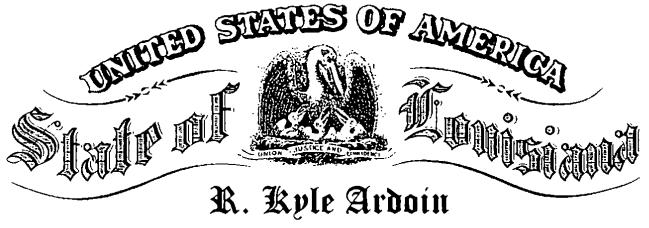
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

MINDY DELINO

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

SUPREME GLASS SERVICES LLC

Domiciled at ABBEVILLE, LOUISIANA,

Was filed and recorded in this Office on May 26, 2023,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In Jestimony whereof, I have hereunto set my hand and caused the Seai of my Office to be affixed at the City of Baton Rouge on,

May 26, 2023

2 1 Le No Secretary of State

WEB 45433345K



Certificate ID: 11736370#62N83

To validate this certificate, visit the following web site go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov