

L20000354184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

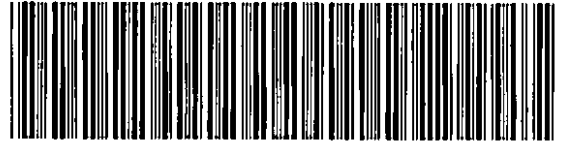
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 NOV 17 PM 2:29

FILED

NOV

2020 NOV 17 PM 3:02

FILED

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number: FCA000000017  
Date: 11-17-20  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO  
DEDUCT FROM ACCOUNT  
  
\$ 160.00

Corporation Name: Specialist Glass Solutions, LLC  
Email Address: Rmacaulay@carltonfields.com  
Entity Number: \_\_\_\_\_  
Authorization: Kim Pullen

Certified Copy  
 New Filings  
\_\_\_\_ Fictitious Name

Certificate of Status  
\_\_\_\_ Plain Stamped Copy  
\_\_\_\_ Amendments  
\_\_\_\_ Annual Report  
\_\_\_\_ Registration

( X ) Call When Ready      ( X ) Call if Problem      ( ) After 4:30  
( X ) Walk In              ( ) Will Wait              ( X ) Pick Up

CF Internal Use Only  
Client: 15957 Matter: 48652  
Name: M. Rydier Office: MIA

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Client: 15957 Matter: 48652

Name: M. Ryder Office: MIA

**ARTICLES OF ORGANIZATION  
OF  
SPECIALIST GLASS SOLUTIONS LLC**

2020 NOV 17 PM 2:30  
P. S. S. D.

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes (the "Act"), hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

**ARTICLE I. NAME**

The name of the limited liability company is Specialist Glass Solutions LLC (the "Company").

**ARTICLE II. MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company shall be 6303 Blue Lagoon Drive, Suite 400, Miami, Florida 33126.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is CF Registered Agent, Inc., a Florida corporation, 100 S. Ashley Drive, Suite 400, Tampa, Florida 33602.

**ARTICLE IV. MANAGEMENT**

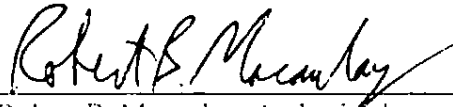
The Company shall be a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company and the Act. The initial Manager of the Company shall be:

Dexter Dwight	6303 Blue Lagoon Drive
	Suite 400
	Miami, Florida 33126

**ARTICLE V. AUTHORIZED REPRESENTATIVE**

The name and address of the authorized representative of the organizing member of the Company executing these articles of organization are Robert B. Macaulay, 2 MiamiCentral, 700 NW 1<sup>st</sup> Avenue, Suite 1200, Miami, Florida 33136.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on this 17<sup>th</sup> day of November, 2020.

A handwritten signature in black ink, reading "Robert B. Macaulay". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Robert B. Macaulay, Authorized  
Representative

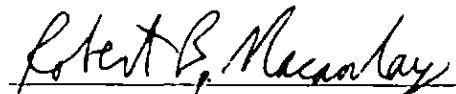
## ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 17<sup>th</sup> day of November, 2020.

**Registered Agent:**

**CF Registered Agent, Inc., a Florida  
corporation**

By:   
Robert B. Macaulay, Authorized Agent