

L05 0000 35058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

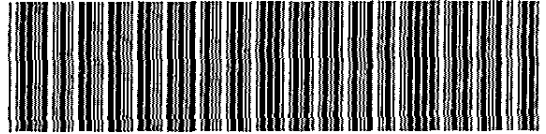
(Document Number)

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04/11/05--01003--021 **155.00

RECEIVED
05 APR 11 PM 11:16
STATE
TALLAHASSEE, FLORIDA

FILED
05 APR 11 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ELECTROPNEUMATIC JACK, LLC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
APR 11 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELECTROPNEUMATIC JACK, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:

Mailing Address:

99246 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

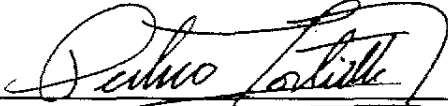
99246 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

PEDRO PORTILLO
Name
99246 OVERSEAS HIGHWAY
Florida street address (P.O. Box **NOT** acceptable)
KEY LARGO FL 33037
City, State, and 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 608, F.S..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

<u>MGRM</u>	<u>PEDRO PORTILLO</u> <u>2305 W 66th Place</u> <u>Hialeah, FL 33016</u>
<u>MGRM</u>	<u>ROBERTO A PORTILLO</u> <u>19632 SW 136 AVENUE</u> <u>Miami, FL 33177</u>
<u>MGRM</u>	<u>JEFFREY K HUGHES</u> <u>19166 Stronah Dam Road</u> <u>Wellston, MI 49689</u>
<u>MGRM</u>	<u>MICHAEL J HUGHES</u> <u>19166 Stronah Dam Road</u> <u>Wellston, MI 49689</u>
<u>MGRM</u>	<u>EDGAR A LACAYO</u> <u>710 NW 11 Place Apt 7</u> <u>Miami, FL 33172</u>

(Use attachment if necessary)

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true)

PEDRO PORTILLO

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)