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Effective Date 10/4/11

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SEURETARY OF STATE
AREASSEE FLORID

T. HAMPTON
OCT 1 0 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: Ferrous Tech South L	.LC
SCEOLET:	nited Liability Company .
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Brian K. Rhoades	
	Name of Person
Ferrous Tech South LLC	
	Firm/Company
17557 Weeping Willow Tr	rail
	Address
Boca Raton, FL 33487	
	City/State and Zip Code
bkrhoades@earthlink.net	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Brian Rhoades	at (561) 573-7926
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 10/4/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Ferrous Tech South LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17557 Weeping Willow Trail Boca Raton, FL 33487	17557 Weeping Willow Trail Boca Raton, FL 33487
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Brian K. Rhoade	es ·
	NI

17557 Weeping Willow Trail

Florida street address (P.O. Box NOT acceptable)

Boca Raton

_{FL} 33487

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM – Managing Member	•
MGR	Brian K. Rhoades
	17557 Weeping Willow Trail
	Boca Raton, FL 33487
(Use attachment if necessary)	
(Ose attachment if necessary)	, /
ICLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: 10/4/11 (OPTIONAL)
n effective date is listed, the date must	be specific and cannot be more than five business days pri
90 days after the date of filing.)	•
REQUIRED SIGNATURE:	
RECURED SIGNATURE.	
~ ()	V1)/
Fr.	Klush
Signature of a mem	aber 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 the penalties of perjury that the facts stated herein are true. 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.)

Brian K. Rhoades

Typed or printed name of signee

Filing Fees:

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

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