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K.SALY EXAMINER JUL 1 4 2014

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: AK Mill works LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Adam Gusmus Name of Person
	Name of Person
	AK Millwarles LLC Firm/Company
	Firm/Company
	2870 Brookside Dr Address
	mobile, AL 36693 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
_Ao	Name of Person at (251) 648-3619 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.001	Filing Fee Status Statu
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ted Liability Company is:				
	Ak mill ak	0 1	11	<i>~</i> .	
(Ak m'll works (Must end with the words "Limited L	ے نے نے ان میں ان م	mpany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Addre				T.C.	POIL JUL 14 PK
Principal Office Add	iress:	Mailing .	Address:	٢	A HI STATE
2870 Brooks	5. Ve Or 36693	287 mob	O Brooks o	CDC	Carlos Co
(The Limited Liability	stered Agent, Registered Office, & Company cannot serve as its own R by with an active Florida registration.	Registered A			ual or
The name and the Flor	rida street address of the registered a	igent are:			
	Robers W. San	tch fie	etd		
	Name				
÷	7390 Baywood 1	ane			
	Florida street address (P.O. Box 1		•		
, · · ·	<u>Pensacala</u>	FL	32504		
	City		Zip		
the place designate capacity. I further a	Registered Agent's Signatu	the appoint f all statutes gations of n or 605, F.S.	ment as registered relating to the pr ny position as regi	agent and agree to oper and complete p	act in this performance
	(CONTINUE)	,ט,			

Page 1 of 2

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Membe MGR" = Manager	
NGR - Manager	Adam Gusmus
	2870 Bropleside Dr
	mabile, 4L 36693
MGR	Kelly Gusmus
	2870 Broks: 11 Dr
	mabile, AL 36693
In assachment (franconsum)	
V: Effective date, if other thar tive date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or
V: Effective date, if other than tive date is listed, the date mi filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or
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V: Effective date, if other thar tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	Mon James of a member or an authorized representative of a member.
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