Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000215945 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

00

₹;

: GREENBERG TRAURIG (WEST PALM BEACH) Account Name

Account Number : 075201001473 : (561)955-7600 Phone

: (561)338-7099

Enter the email address for this business entity to be used for future annual report mailings: Enter only one email address please.** ÀUG

ADEMARCO@ADMFASTENERS.COM Email Address:

FLORIDA LIMITED LIABILITY CO.

Calumet Screw Machine Products of North America, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

/ 2131/16

8/30/2016

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

CALUMET SCREW MACHINE PRODUCTS OF NORTH AMERICA, LLC

ARTICLE 1-NAME: The name of the limited liability company is:

CALUMET SCREW MACHINE PRODUCTS OF NORTH AMERICA, LLC (the "Company").

ARTICLE II - ADDRESS: The mailing address of the principal office of the Company is 2300 Glades Road, Suite 312W, Boca Raton, FL 33431. The street address of the principal office of the Company is 2300 Glades Road, Suite 312W, Boca Raton, FL 33431.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Alejandro De Marco 2300 Glades Road, Suite 312W Boca Raton, FL 33431

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 in Chapter 605. Florida Statutes.

Alejandro De Marco

ARTICLE IV - The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

Manager

Alejandro De Marco 2300 Glades Road, Suite 312W Boca Raton, FL 33431

BOC 37362522v1

IG AUG 30 AM II: 23 ECRETARY OF STATE ATTANASSEE FLORIDA **REQUIRED SIGNATURE:**

Alejandro De Marco, Authorized Person

(In accordance with section 605.0203 (I) (b). 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.)

16 AUG 30 AH II:
SECRETAIN OF STA