

ALLIED
SHARPENING, LLC.

L01000006267

P.O. Box 1513
Lake City, FL 32056
Main (386) 758-8406
Fax (386) 758-8406

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 332314
(850) 487-6051

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****155.00 ****155.00

To Whom It May Concern:

Please find enclosed our Articles Of Organization form and a check in the amount of \$155.00 for these filing fees: Articles of Organization, Designation of Registered Agent and (1) certified copy.

Please feel free to contact me if you have any questions concerning the filing of this form.

Sincerely,



William Myers

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLIED SHARPENING, LLC.

ARTICLE II - Address:

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

MAILING: P.O. Box 1513, LAKE CITY FL 32056
STREET: Rt. 9 Box 1028, HAMLET CIRCLE, LAKE CITY, FL 32024

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

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

William C. Myers
Name
Rt. 9 Box 1028, HAMLET CIR
Florida street address (P.O. Box **NOT** acceptable)
LAKE CITY FL 32024
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..

William C. Myers
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

W.C.M.
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 the penalties of perjury that the facts stated herein are true.)

William C. Myers
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)

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