

LO3000012903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

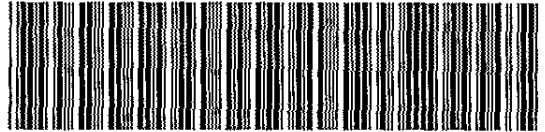
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/03--01071--005 **125.00

FILED
13 APR 2003 9:23
TALLAHASSEE FLORIDA

LO3-12903
GR

Scott Griswold
511 Ocean Blvd.
Atlantic Beach, FL 32233
(904) 233-8842

April 7, 2003

Division of Corporations

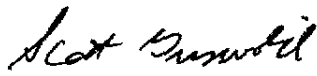
Dear

Enclosed are the Articles of Organization For Florida Limited Liability Company and a check for \$125.00 for the filing fee and designation of registered agent.

If you have any questions please contact me at
511 Ocean Blvd.
Atlantic Beach, FL 32233
(904) 233-8842

Thank you.

Sincerely,


Scott Griswold

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DIVISION 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:

Heat Treat Quotemaster, LLC

ARTICLE II - Address:

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

3948 South 3rd St # 388

Jacksonville Beach, FL 32250

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

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

Scott Griswold

Name

511 Ocean Blvd.

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

Atlantic Beach, FL 32233

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.

Scott Griswold

Registered Agent's Signature

CLERK OF STATE
TALLAHASSEE, FLORIDA

03 APR 2011 9:23

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

Scott Griswold

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.)

SCOTT GRISWOLD

Typed or printed name of signer

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)