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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**NEWCOR GLOBAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION**  
**FOR A**  
**FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I:**  
**Name**

The name of the Limited Liability Company is:

NEWCOR GLOBAL, LLC

**ARTICLE II:**  
**Address**

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

9775 CREEKFRONT ROAD, SUITE C-1606  
JACKSONVILLE, FLORIDA 32256

**ARTICLE III:**  
**Registered Agent, Registered Office**  
**&**  
**Registered Agent Signature**

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

WALTER S. NEWMANN, SR.  
9775 CREEKFRONT ROAD, SUITE C-1606  
JACKSONVILLE, FLORIDA 32256

Having been named as registered agent 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

AND  
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constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Walter S. Newmann, Sr.

WALTER S. NEWMANN, SR., Manager

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Dec 08 03 10:17p Walt & Linda Newmann (904) 642-8844 P.4

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