

LD4 000006235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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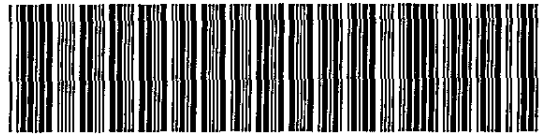
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01 JAN 16 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD4-6235
al

To: Registration Section
Division of Corporations

RE: CUSTOM PROCESSING, LLC.

To Whom it May Concern:

I have enclosed a photocopy of the articles and request that they be stamped with the filing date and returned with all other correspondence in the pre-paid overnight envelope provided.

Thank you,

A handwritten signature in cursive script, reading "Laura L. Casson".

Laura L. Casson

04 JUN 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM PROCESSING, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA L. CASSON
(Name of Person)

CUSTOM PROCESSING, LLC.
(Firm/Company)

620 BAY LAKE TRAIL
(Address)

OLDSMAR, FLORIDA 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA L. CASSON at (813) 814-7717
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 16 PM 2:50

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUSTOM PROCESSING, LLC.

ARTICLE II - Address:

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

Principal Office Address:

620 BAY LAKE TRAIL

OLDSMAR, FL 34677

Mailing Address:

620 BAY LAKE TRAIL

OLDSMAR, FL 34677

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

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

LAURA L. CASSON

Name

620 BAY LAKE TRAIL

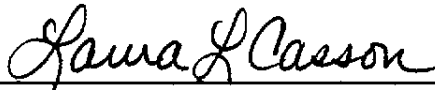
Florida street address (P.O. Box **NOT** acceptable)

OLDSMAR

FLORIDA 34677

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LAURA L. CASSON

620 BAY LAKE TRAIL

OLDSMAR, FLORIDA 34677

MGRM

GRAHAM C. HAKAKAL

620 BAY LAKE TRAIL

OLDSMAR, FLORIDA 34677

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

LAURA L. CASSON

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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