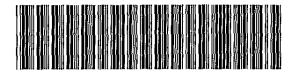
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-		
SUBJECT: Lore Amalgam Works, LLC (Name of Limited Liability Company)			
(Name of Emilion Elability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Daniel E. Lore			
(Name of Person)			
Lore Amalgam Works, LLC			
(Firm/Company)			
9915 C. E. Wilson Road			
(Address)			
St. Augustine, FL 32095			
(City/State and Zip Code)	_		
For further information concerning this matter, please call:	=1.	_	
Daniel E. Lore at (904) 466-0028	SECH	04 FEB -3 1410: 49	
(Name of Person) (Area Code & Daytime Telephone Number)	LARY LASSEE	E C	-
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Lore Amalgam Works, LLC	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9915 C. E. Wilson Road	9915 C. E. Wilson Road
St. Augustine, FL 32095	St. Augustine, FL 32095
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re-	
Daniel E. Lore	
Name	Box NOT acceptable)
9915 C. E. Wilson Road	9: 4
Florida street address (P.O.	Box NOT acceptable)
St. Augustine	FLORIDA 32095
City, State, an	d 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

Page 1 of 2 (CONTINUED)

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:			2
MGR	Daniel E. Lore 9915 C. E. Wilson Road St. Augustine, FL 32095			
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(Use attachment if necessary)		SECHETAR)	04 FEB -3	<u></u>
NOTE: An additional article must be	added if an effective date is requested.	OF STATE	64:01 HW	
REQUIRED SIGNATURE:	ithorized representative of a member.		*	*± ,
(In accordance with section 608.	408(3), Florida Statutes, the execution flirmation under the penalties of perjury			
Daniel E. Lore Typed or prin	nted 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)