

L 04 000042392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

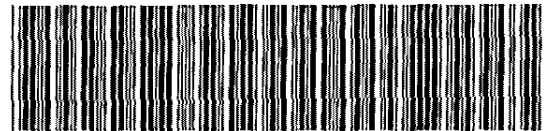
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200037412692

06/07/04--01008--003 \*\*125.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN -7 AM 9:41  
04 JUN -7 11 9 32  
DIVISION OF CORPORATION

6/7  
cust

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Composite Technologies, L.L.C.  
(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:

James Robert Thagard  
(Name of Person)

Advanced Composite Technologies, L.L.C.  
(Firm/Company)

1413 N. Randolph Circle  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Thagard at ( 850 ) 410-6683  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN -7 AM 9:41

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Composite Technologies, L.L.C.

## ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1413 N. Randolph Circle  
Tallahassee, FL 32308

James Thagard  
1413 N. Randolph Circle  
Tallahassee, FL 32308

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

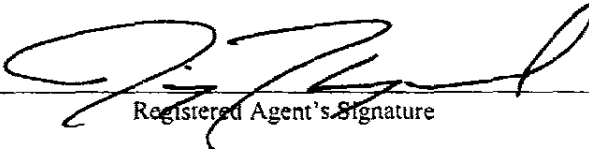
The name and the Florida street address of the registered agent are:

James Thagard  
Name

1413 N. Randolph Circle  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32308  
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..

  
Registered Agent's Signature

(CONTINUED)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN -7 AM 9:14

**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

James Thagard  
1413 N. Randolph Circle  
Tallahassee, FL 32308

MGRM

Ben Wang  
3029 Shamrock North  
Tallahassee, FL 32309

(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.)

James Thagard  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN -7 AM 9:41