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(Re	equestor's Name)	
(Ad	ldress)	
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1.100-40510 J. BRYAN NOV - 4 2004

J. BRYAN DEC 3 0 2000

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	BLADES OF STEE	EL INC, LLC	
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	ANDREW A RODGER		
	0	Name of Person)	TALL TALL
	BLADES OF STEEL, INC		DV 30 AHAS
	(Firm/Company)	ORP PE
	1685 VOYAGER DR		2004 NOV 30 PM 3: 02
		(Address)	DA DA
PENS	SACOLA FL 32514		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
ANDREW A RODGE		at (850 471 1781	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	r the following amount:		
5 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2004

ANDREW A RODGERS BLADES OF STEEL, INC. 4685 VOYAGER DR PENSACOLA, FL 32514

SUBJECT: BLADES OF STEEL INC, LLC

Ref. Number: W04000040510



We have received your document for BLADES OF STEEL INC, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 804A00063311

by by

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	ipany is:
BLADES OF STEEL, LLC	#G 30
ARTICLE II - Address:	FERRY W
The mailing address and street address	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4685 VOYAGER DR	4685 VOYAGER DR
PENSACOLA, FL 32514	PENSACOLA, FL 32514
	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature: s of the registered agent are:
ARTICLE III - Registered Agent, Re The name and the Florida street address	gistered Office, & Registered Agent's Signature: s of the registered agent are:
ARTICLE III - Registered Agent, Re The name and the Florida street address	gistered Office, & Registered Agent's Signature: s of the registered agent are: GERS Name
ARTICLE III - Registered Agent, Re The name and the Florida street address ANDREW A RODO 4685 VOYAGER DE	gistered Office, & Registered Agent's Signature: s of the registered agent are: GERS Name
ARTICLE III - Registered Agent, Re The name and the Florida street address ANDREW A RODO 4685 VOYAGER DE	gistered Office, & Registered Agent's Signature: s of the registered agent are: GERS Name R street address (P.O. Box NOT acceptable)

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ANDREW A RODGERS
	4685 VOYAGER DR
en e	PENSACOLA, FL 32514
-	FILED TAHASSE
	PELORATIC STREET
	2000

(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.)

ANDREW A RODGERS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)