

L05000020985

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2005 MAR -1 P 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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01/25/05--01013--003 \*\*100.00

02/28/05--01050--005 \*\*25.00

Special Instructions to Filing Officer:

was-5498

AL

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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2005 MAR -1 P 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 3, 2005

PAUL W. MARINO  
21300 MACARTHUR BLVD.  
WARREN, MI 48089

SUBJECT: PWM GAGES, LLC  
Ref. Number: W05000005498

We have received your document for PWM GAGES, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 505A00007542

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 11, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

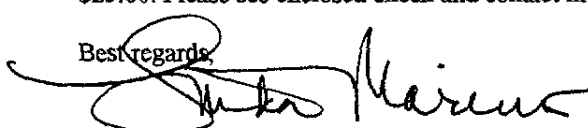
Attn: Ms. Agnes Lunt, Document Specialist

RE: PWM Gages, LLC - Ref. #W05000005498

Dear Ms. Lunt,

Thank you for your letter of February 3, 2005 notifying me to include the Registered Agent Fee of \$25.00. Please see enclosed check and contact me if you have any further questions. Until then,

Best regards,

  
Linda Marino  
800-528-9785

Enclosure



PAUL W. MARINO GAGES, INC.

21300 MacArthur Blvd.  
Warren, MI 48089-3020 USA

Phone 586-759-2400  
Fax 586-759-2423

e-mail [pmargage@ix.netcom.com](mailto:pmargage@ix.netcom.com)  
web site [www.pmargage.com](http://www.pmargage.com)

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2005 MAR -1 P 3:40

**SUBJECT:** PWM Gages, LLC

(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Paul W. Marino

(Name of Person)

Paul W. Marino Gages, Inc.

(Firm/Company)

21300 MacArthur Blvd.

(Address)

Warren, MI 48089

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Marino

(Name of Person)

at ( 586 ) 759-2400

(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

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

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PWM Gages, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

501 Silver Lane, Boca Raton, FL 33432

**Mailing Address:**

21300 MacArthur Blvd., Warren, MI 48089

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

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

Paul W. Marino

Name

501 Silver Lane

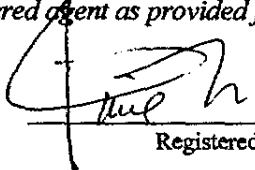
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton,

FLORIDA 33432

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

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

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

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Paul W. Marino

501 Silver Lane

Boca Raton, FL 33432

MGRM

Linda Marino

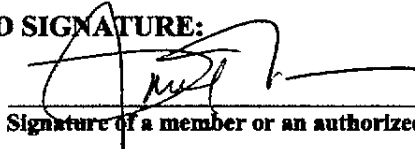
501 Silver Lane

Boca Raton, FL 33432

(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.)

Paul W. Marino

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)