10500035047

(Requestr	or's Name)			
(Address)				
(Address)				
City/State	e/Zip/Phon	e #)		
(0.0,/-0.3.0.2.4,/-1.0.0.0.1,/				
· 🗀	WAIT	MAIL		
Business	Entity Nar	ne)		
Docume	nt Number			
,Doousilet	it (vallibel)			
	Certificates	s of Status		

to Filing (Officer:			
	ce Use On	ly		
DCC				
	ļ			
C				
DCC				
	(Address) (Address) (City/State Business Document to Filling	(Address) (Address) (City/State/Zip/Phone WAIT Business Entity Nar Document Number) Certificates to Filing Officer:		



500049481345

04/07/05--01039--010 **130.00

75 MR - 7 P 2:05

TRANSMITTAL LETTER

	ion Section of Corporations		- -
SUBJECT:	MT SUPPLY, LLC		
DODOLECI.	(Name of Limited	l Liability Company)	
	cles of Organization and fee(s) are so		
Please return all c	orrespondence concerning this matter	r to the following:	
***************************************		Woods, Esq. Name of Person)	<u> </u>
		igan, P.C.	
	(E	Firm/Company)	
	One State	Street	
***************************************		(Address)	
		CT 06103 State and Zip Code)	TAS 2
For further inform	ation concerning this matter, please of	call:	CLAHA ECRET
Helga M.	Woods, Esq.	at (860.) 493-3	554 (있음 구 · · · ·
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a ch	eck for the following amount:		
☐ \$125.00 Filing	Fee XXX\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Feet Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	ection orporations

Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ice of the Limited Liability Company is
Address:
Cidco Road
a, Florida 32626

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

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

George Newton

Name

851 Loggerhead Island Dr.

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

Safellite Read FL 32931

City, State, and Zip

Having been named as registered agent and to accept service of process for the above staffed 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

George Newton

(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:

Title: "MGR" = Manag "MGRM" = Man	er	Name and Address:
MGRM	 -	RMD AMERICAS USA, LLC 550 Cidco Road Cocoa, Florida 32626
MGRM		K & P Holdings, Inc. 2071 U.S. Highway 60 West Marion, Kentucky 42064
(Use attachment i	•	dded if an effective data is requested.
	MOT CITE	dded if an effective date is requested. PLY, LLC ERICAS USA, LLC, Managing Member
	(In accordance with section	an authorized representative of a member 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
	Typed o	r printed name of signee
200722	Richard	ł P. Love, Jr., Manager

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)