

L05000107031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

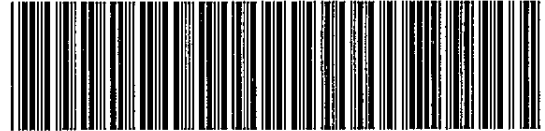
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TALLAHASSEE, FLORIDA

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DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

05 NOV -3 AM 11:34

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vortex Molding, Inc

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

SP 11/3/05 10:10
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- NAME:

The name of the Limited Liability Company is: VORTEX MOLDING, LLC

ARTICLE II - ADDRESS:

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

1488 Highway 90, Ponce De Leon, Florida 32455

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE:

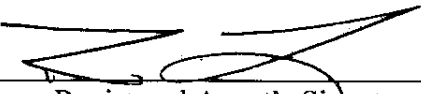
The name and the Florida street address of the registered agent are:

Name: ROY LAKE, Attorney at Law

Address: 202 North Waukesha Street

City, State, and Zip Code: Bonifay, Florida 32425

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

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ARTICLE IV – Manager(s) or Managing Members(s):

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

Title:

“MGR” = Manager

MGRM” = Managing Member

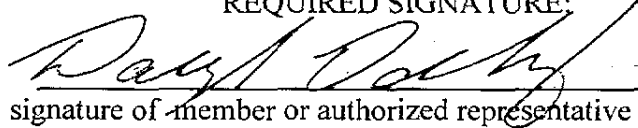
MGR

DARYL DOCKERY
1488 Highway 90
Bonifay, Florida

MGRM

JIM McKAY
1683 Beardall Avenue, Unit 153
Sanford, Florida

REQUIRED SIGNATURE:


signature of member or authorized representative of member

DARYL DOCKERY
name printed

(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)