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(Requ	iestor's Name)	
(Addr	ess)	<u> </u>
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·	-	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
FLUC		





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SECRETARY OF STATE



COVER LETTER

TO:	TO: Registration Section Division of Corporations						
SIIRII	CT. CTM I	Metal Works, LLC					
30131	<u></u>	(Name of Limite	d Liabili	ty Comp	oany)		
The en	closed Articles o	f Organization and fee(s) are s	submitted	l for filir	ıg.		
Please	return all corresp	ondence concerning this matte	er to the	followin	g:		
	Miranda I	Monk					
		((Name of	Person)			
							<u>-</u>
		((Firm/Cor	npany)			
	2311 Bos	swell Rd					
			(Addro	ess)			
	Bonifay,	FL 32425					
		(City	//State and	l Zip Cod	e)		
For fur	ther information	concerning this matter, please	call:				
Mira	nda Monk		at (85	50	547-32	292	
(Name of Person)				le & Daytime	elephone Numb	per)	
Enclos	ed is a check fo	or the following amount:					
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	ied Cop		Certificate Certified	00 Filing Fee, e of Status & Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Ex	ourier Addre ion Section of Corporati Building ecutive Cente see, FL 3230	ons r Circle	

Ϋ́ A

RTICLES OF	ORGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - I	Name:	
The name of the	e Limited Liability C	Company is:
CTM Metal W	/orks, LLC	
		mpany, "Lim ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - The mailing add		ess of the principal office of the Limited Liability Company is
Principal Offic	e Address:	Mailing Address:
2311 Boswell Ro	d	2311 Boswell Rd
Bonifay, FL 324		Bonifay, FL 32425
business entity with	an active Florida registration	sits own Registered Agent. You must designate an individual or another on.) ress of the registered agent are:
	Jeff Carter	Ç Ç
	Jon Garton	Name
	861 Fraiser C	ircle
	Flo	rida street address (P.O. Box NOT acceptable)
	Chipley	FL 32428
		City, State, and Zip
liability com registered agen statutes relati	npany at the place des nt and agree to act in t ng to the proper and c	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of accomplete performance of my duties, and I am familiar with and

d ıll accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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" = Manage:	r	Name and Address:			
"MGRM" = Mana	ging Membe	er			
MGRM		Jeff Carter			
		861 Fraiser Circle		_	
		Chipley, FL 32428		-	
MGRM		Bronson Taylor			
	_	204 E Jackson St		- -	
		Black, AL. 36314		_	
MGRM		Ronald Monk, Jr			
		2311 Boswell Rd		-	
		Bonifay, FL 32425		_	
	_			_	
				- -	
(Use attachment if	necessary)				
(Ose attachment ii	necessary)				
		nan the date of filing:			
		must be specific and cannot be more than five b	usiness	days p	rior
to or 90 days after the date	e or ming.)				
		,	•		
REQUIRED SIG	NATURE:				
	1	MA			
_			_		
S	Signature of a	member or an authorized representative of a member	•		
(In accordance	with section 608.408(3), Florida Statutes, the execution			
(of this docume that the facts	nt constitutes an affirmation under the penalties of perjury stated herein are true.)	į		
	Jeff Carter	· · · · · · · · · · · · · · · · · · ·	33₹	96 F	
	2311 341101	Typed or printed name of signee	돌	06 FEB	
T****			SS. SS.	2	<u> </u>
<u>Filing Fees:</u>			ří 🔆		

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)