1 10000884142

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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THE SECRETARY OF STATE PARTION



COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: Alumic	crafters, LLC					
	(Name of Limite	d Liability Compa	ny)			
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing				
Please return all corresp	ondence concerning this matte	er to the following:				
Robert M.						
		(Name of Person)			A. 37 %.	rei Lu
Alumicraf	ters, LLC				20	2 ·
		(Firm Company)	-		M6 AUG	SECR TECR
3304 Am	bassador Ave.				- S	TAR PAR
		(Address)		æ		35
Spring H	ill, Florida 34609)			PM 3	ं १८ १८
	(City	State and Zip Code)		= =	
For further information	concerning this matter, please	call:				•
			070.00	2		
Robert M. Yan	kee of Person)	_at (352) (Area Code	279-982	26 elephone Number)	:	: / · · ·
,	,	•		•		
Enclosed is a check fe	or the following amount:					
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fil Certified Copy (additional copy i	i	\$160.00 Filing 1 Certificate of Status Certified Copy (additional copy is enclosed)	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Board Exe	urier Addres on Section of Corporatio uilding cutive Center ee, FL 32301	ns		-



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2006

ROBERT M. YANKEE 3304 AMBASSADOR AVE. SPRING HILL, FL 34609

SUBJECT: ALUMICRAFTERS, LLC Ref. Number: W06000034679

We have received your document for ALUMICRAFTERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 506A00049052

7006 &116 24 PM 3: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Alumicrafter							
(Must end with the	words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or	·L.C.,")				
ARTICLE II	- Address:						
The mailing a	ddress and street address o	of the principal office of the Limited Liabil	ity Company is:				
Principal Office Address:		Mailing Address:	Mailing Address:				
Robert M. Yankee		3304 Ambassador Ave.					
3304 Ambassador Ave.		Spring Hill, Florida 34609					
Spring Hill, Florida 34609			·				
The name and	the Florida street address Robert M. Yankee	of the registered agent are:	FILED CRETARY OF CRETARY OF				
	3304 Ambassado	r Ave.	STATE RATIONS				
	Florida street address (P.O. Box NOT acceptable)						
	Spring Hill	FL 34609					
		Chair and 7's					
	City	, State, and Zip					

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Robert M. Yankee 3304 Ambassador Ave. Spring Hill, Florida 34609 MGR Michael T. Barker 9767 Horizon Dr. Spring Hill, Florida 34608 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:

Signature of a member of 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

Typed or printed name of signce

Filing Fees:

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

that the facts stated herein are true.),

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