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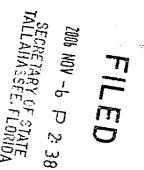
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Special Instructions to f	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co.				
SUBJECT: Hardin	Engineering, LLC			
<u> </u>		d Liability Company)	,	
	f Organization and fee(s) are s	_		
Please return all corresp	ondence concerning this matte	er to the following:		
Christophe	r W. Hardin			
	(Name of Person)		. •
Hardin Eng	ineering, LLC			
	((Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
2517 E. Ja	ackson Street		TAS 2	
		(Address)	CCR.	
Orlando, F	FL 32803		VOV - FTAR FASS	
•	(City	/State and Zip Code)	ing o	
For further information	concerning this matter, please	call:	P 2: 3 F STATE FLORID	Ö
Christopher W. H	lardin	at (407) 894-514	~ ~	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	•
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	'is:		
Hardin Engineering, LLC			
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")		
(D			
ARTICLE II - Address:	a maintained office of the Limited Liebility Community		
The maning address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2517 E. Jackson Street	2517 E. Jackson Street \\ \Sigma_{\sqrt{2}}		
Orlando, FL 32803	Orlando, FL 32803		
	1		
The name and the Florida street address of the Christopher W. Hardin	¥ 38		
Na	ime		
2517 E. Jackson Street			
Florida street	t address (P.O. Box NOT acceptable)		
Orlando, FL 32803	FI		
	ite, and Zip		
liability company at the place designated registered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and		

(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:		Name and Address:	
"MGR" = Mai $"MGRM" = N$	nager Ianaging Member		
MGRM		Christopher W. Hardin	
	2517 E, Jackson Street		
	Orlando, FL 32803		
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(Use attachme	ent if necessary)		
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CLE V: Effecti	ve date, if other than the	e date of filing:	
CLE V: Effecti	ve date, if other than the listed, the date must b	<u> </u>	
CLE V: Effecti	ve date, if other than the	e date of filing:	
CLE V: Effecti	ve date, if other than the listed, the date must b	e date of filing:	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	e date of filing:	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	date of filing: (OPTIC e specific and cannot be more than five business	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	e date of filing:	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	date of filing: (OPTIC e specific and cannot be more than five business	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	e date of filing: (OPTIC e specific and cannot be more than five business er or an authorized representative of a member.	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const that the facts stated light contractions with the constitution of the constitut	e date of filing:	

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)