

LD7000027868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

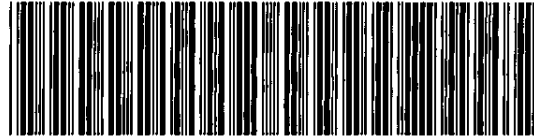
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

07 MAR 14 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 MAR 14 PM 2:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 802032 104064A

AUTHORIZATION :

COST LIMIT : \$ 160.00

FILED
07 MAR 14 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 14, 2007

ORDER TIME : 12:25 PM

ORDER NO. : 802032-005

CUSTOMER NO: 104064A

DOMESTIC FILING

NAME: BELLOWS ACQUISITION, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLOWS ACQUISITION, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

c/o Precision Manufacturing Group, LLC

501 Little Falls Road

Cedar Grove, New Jersey 07009

Mailing Address:

c/o Precision Manufacturing Group, LLC

501 Little Falls Road

Cedar Grove, New Jersey 07009

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

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

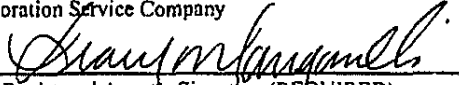
Tallahassee

FL 32301

City, State, and Zip

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

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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MAR 14 PM 4:03
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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Anatole Penchuk, c/o Precision Manufacturing Group, L.L.C
501 Little Falls Road
Cedar Grove, New Jersey 07009

MGR

Benjamin P. Giess, c/o Precision Manufacturing Group, LLC
501 Little Falls Road
Cedar Grove, New Jersey 07009

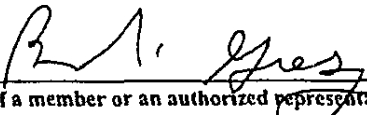
MGR

John P. Kirwin, c/o Precision Manufacturing Group, LLC
501 Little Falls Road
Cedar Grove, New Jersey 07009

(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 or 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 that the facts stated herein are true.)

By: Benjamin P. Giess, Authorized Representative

Typed or printed name of signer

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)