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(Ře	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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D. BRUCE
JAN 2 2 2008
EXAMINER

CAPITAL CONNECTION, INC.

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

	ii ii
CONTEC US, UC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File ALTS
	Fictitious Name File
	Trade/Service Mark
	Merger File
· .	·
	Art. of Amend. File
	RA Resignation SS S
	Dissolution / Withdrawal
	Amilian Kepotty Kemsimen
	Cert. Copy Roman R
	Photo Copy SEE 3
	Certificate of Good Standi
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

* -	The state of the s
A P. (1)	
ARTICLE	1 TO 1
The name o	f the Limited Liability Company is:
, 1	$C \sim 1 T E C (1 S) / C$
	CONTEC U.S., LLC
ARTICLE	II - Address:
	address and street address of the principal office of the Limited Liability Company is:
, (1 11 1
	1474 MAStens Ridge Dr. JACKSOW VIlle FL III-Registered Agent, Registered Office, & Registered Agent's Signature: 3222
4 5 6 6 6	AT 17 MASIES MAGE DI. CACESONOVINE,
ARTICLE	111 - Registered Agent, Registered Office, & Registered Agent's Signature: 3222
The name a	nd the Florida street address of the registered agent are:
i	Randy Martin
, ,	Name
· .	
, ,	12474 Masters Rides Dr
<u>)</u>	Florida street address (P.O. Box NOT acceptable)
1	
4	Oty, State, and Zip
	City. State. and Zin
i	
Having bee	n named as registered agent and to accept service of process for the above stated limited
	npany at the place designated in this certificate, I hereby accept the appointment as
1	ngent and agree to act in this capacity. I further agree to comply with the provisions of all
	ating to the proper and complete performance of my duties, and I am familiar with and
accept the c	obligations of my position as registered agent as proyided for in Chapter 608, F.S.
1 7.	and the state of t
# } 1 ti	and Maria
•	Registered Agent's Signature
Artiele IV	- Management (Check box if applicable.)
	mited Liability Company is to be managed by one manager or more managers and is,
	ore, a manager - managed company.
, 110101	ore, a manager company.
`	7A 185 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(An additional article must be added if an effective date is requested)
1	
	- Jasa Malo
4 M	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.)
	(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.)
	SE N
, ,	_ /
	Typed or printed name of signee
	Typed or printed name of signed
, 1	
i, j ž	Filing Form:
!	\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy (Optional)
	\$ 5.00 Certificate of Status (Optional)
•	A DIST DELEGED OF PRESENT (A BASSIELL)