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OB DEC 15 PH 2: 16

J. BRYAN

DEC 1 6 2008

EXAMINER

COVER LETTER

TO:

TO:	Registration Solvision of Co				
SUBJI	ECT. Allcher	m Processing, LLC			1
SUBJ	EC1:	(Name of Limited	Liability Comp	any)	
The en	nclosed Articles of	Organization and fee(s) are sul	bmitted for filin	g.	
Please	return all correspo	ondence concerning this matter	to the following	g:	
	Scott Bacli	t			
		(N	ame of Person)		
	Allchem P	rocessing, LLC			
	, . , ,		irm/Company)		· · · · · · · · · · · · · · · · · · ·
	1847 Crog	han Drive			8 T SE
			(Address)	· · · · · · · · · · · · · · · · · · ·	3 3
	Melbourne	e, FL 32940			215 PH
		(City/S	State and Zip Cod	e)	3
For fu	rther information of	concerning this matter, please ca	all: .	•	08 (ICC 15 PM 2: 17
Sco	tt Baclit		321	289-8897	
	(Name	of Person)	(Area Coo	le & Daytime Telephone N	lumber)
Enclo	sed is a check fo	the following amount:			
\$125	.00 Filing Fee	▼\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ppy Certingly is enclosed) Certing	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY			
·	is:			
ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·			
The name of the Limited Liability Company is:				
	2			
Allchem Processing, LLC	2. 3			
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1847 Croghan Drive	P. O Box 567			
Melbourne, FL 32940	Titusville, FL 32781			
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another Effective Date 12 11 08			
The name and the Florida street address of the				
Scott Baclit				
	ame			
1847 Croghan Dri	ve			
Florida street	t address (P.O. Box NOT acceptable)			
Melbourne, FL 329	940 _{FL}			
				
City, Sta	ate, and Zip			

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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Scott Baclit 1847 Croghan Drive	- 1
	Melbourne, FL 32940	_
		- .
		-
		
,		_
		_
		_
(Use attachment if necessary)		
LE V: Effective date, if other than th	e date of filing: <u>12/11/2008</u> . (OPTI	ONA
	be specific and cannot be more than five busines	

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.)

Scott BACLIT
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)