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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

D. BRUCE

JAN 20 2009

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Bolser Iron + Metal Works, L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruthann V. Bolser
Bolser Irona Metal Works (Firm/Company)
3003 E. 15th Avenue
Tampa, Florida 33605- (City/State and Zip Code) 3031
For further information concerning this matter, please call:
12 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301 Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bolser Iron + Metal Works A (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or	L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	pility Company is:
Principal Office Address: Mailing Address: Sooz E. 15th Avenue Tampa, Florida, 33605	ame 3 031
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	Signature: ual or another
The name and the Florida street address of the registered agent are: Ruthann V. Bolsen Name Our Florida street address (P.O. Box NOT acceptable) Otto Otty, State, and Zip	+ Q-480
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in (Registered Agent's Signature (REQUIRED)	appointment as the provisions of am familiar with Chapter 608, F.S
(CONTINUED)	ED PM 1:21 OF STATE E. FLORIDA
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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) _. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:

(In accordance with section 608.408(3), Florida Statutes, the execution If this document constitutes an affirmation under the penalties of perjury

Signature of a member or an authorized representative of a member.

that the facts stated herein are true.)

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)

\$ 5.00 Certificate of Status (Optional)