

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)634-3694 Fax Number : (305)633-9696 09 FEB 10 AM 8: 29

FLORIDA/FOREIGN LIMITED LIABILITY CO.

pipelayer outfitters, llc

ECEIVED EB 10 AH 6: 33 AHASSEE, FLORIDA Certificate of Status 1
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J. BRYAN

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EXAMINER

2/10/2009 3:55 PN

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EMPIRE CORP KIT

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10/2009 3:55 PI

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:		
Pipelayer Outfitters, LLC	diffy Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p		ny is:	
Principal Office Address:	Mailing Address:		
8382 NW 70th Street Miami, FL 33196	6362 NW 70th Street Mlami, FL 33166		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot surve as its own Registeres emity with an active Florida registration.)	d Office, & Registered Agent's Signature: stored Agent. You must designate an individual or specther	BIVISION O	
The name and the Florida street address of the	registered agent are:		100
Ricardo A. Diaz		O AH 8: 29	7
Nanze		9. O. A.	SIA
8382 NW 70th Stree	et	29	,,,,
Plorida street ad	dress (P.O. Box NOT acceptable)	w S	,
<u>M</u> iami	_{FL} 33166		
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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EMPIRE CORP KIT

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ricando A. Otaz 8362 NW 70th Street
	Miami, FL 33166
,	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing:, (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE;	
Signature of a metho	er or an authorized representative of a member.
(in accordance with a	ection 608.408(3), Florida Statutes, the execution cliques an affirmation under the penalties of perfory
THE PACE MAKE	icielli ilic dab.)
O Rie	yped or printed name of signes

5126.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5,00 Certificate of Status (Optional)

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