## L09000093202

(Re	equestor's Name)		
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(Cit	y/State/Zip/Phone	· ·	
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PICK-UP	WAIT	MAIL	
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` (Bu	siness Entity Name	e)	:
(04	omeso Emily Mann	<u>-,</u>	ï
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Certified Copies	- Certificates	of Status	<u>;</u> .
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Special Instructions to	Filing Officer:		l
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Office Use Only



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S. HAWKES

SEP 2 8 2009

EXAMINER

## **COVER LETTER**

£ ......

	ion Section of Corporations	
SUBJECT:	Lad	d Catalytics, L.L.C.
	Name of Limi	ted Liability Company
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this ma	tter to the following:
		Adam Altholtz
		Name of Person
	-T-17-	Firm/Company
<u> </u>	9803 \$	Sweetwater Avenue
		Address
<del> </del>		denton, FL 34202 ty/State and Zip Code
***************************************	aaltho	oltz@wspartners.net
For further informa	fi-mail address: (to be used tion concerning this matter, pleas	for future annual report notification) e call:
<u>,</u>	Adam Altholtz	ar 941 > 228-8591
	ame of Person	at ( 941 ) 228-8591  Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	•
]\$125.00 Filing F	ee \$\sqrt{\sq}}}}}}}}}} \scrt{\sq}}}}}}}}}}} \scrt{\sq}}}}}}}}} \sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \simptintitender\signt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sintiten	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	s, L.L.C. ity Company," "L.L.C.," or "LLC.")
The name of the Limited Liability Company is:	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Ladd Catalytic	s. L.L.C.
(Must end with the words "Limited Liabili	ity Company," "L.L.C.," or "LLC.")
ADTICLE H. A.L.	The state of the s
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
28 Jones Road	9803 Sweetwater Avenue
Medway, ME 04460	Bradenton, FL 34202
The name and the Florida street address of the re Adam All	,
Name	
9803 Sweetwa	iter Avenue
Florida street address (P.O.	Box NOT acceptable)
Bradenton, FL 34202	FI.
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
an	
Registered Agent's Signatu	ure (REQUIRED)

(CONTINUED)

## Page 1 of 2

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r
MGR	Managing Member(s): Manager or Managing Member is as follows:  Name and Address:  Jeff Ladd  28 Jones Road
	28 Jones Road
	Medway, ME 04460
MGRM	Adam Altholtz
	9803 Sweetwater Avenue
	Bradenton, FL 34202
<u>'</u>	
·	
(Use attachment if necessary)	
• *	an the date of filing: 9/23/09 (OPTIONA
LE V: Effective date, if other th	an the date of filing: 9/23/09 . (OPTIONA
LE V: Effective date, if other th	an the date of filing: 9/23/09 . (OPTIONA nust be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date in	an the date of filing: 9/23/09 . (OPTIONA nust be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	an the date of filing: 9/23/09 . (OPTIONA nust be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: 9/23/09 . (OPTIONA nust be specific and cannot be more than five business day member or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a recordance of the date	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a secondance of this document that the facts states.	member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury ated herein are true.)
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