L0900122009

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DESCRIPTIONS
DIVISIES OF CORPORATIONS
TALLS HASSEE, FLORIDA

RECEIVED

09 DEC 21 PH 4: 33

B. KOHR

DEC 24 2009

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 232049 4812609

AUTHORIZATION :

ORDER DATE: December 24, 2009

ORDER TIME : 3:01 PM

ORDER NO. : 232049-005

CUSTOMER NO: 4812609

DOMESTIC FILING

NAME: TWIN CALIBER (FL) LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS:

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Twin Calib	per (FL) LLC
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
525 Bodwell Street Extention Avon, MA 02322	P.O. Box 239 Avon, MA 02322
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent arc:
Corporation Serv	ice Company Name
1201 Hays Street	
· · · · · · · · · · · · · · · · · · ·	street address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32301
T WITH THE SOUTH	PL

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..

Corporation Service Company,

Matthew Young as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
Ken Meewes	MGR	525 Bodwell Street Extension P.O. Box 239 Avon, MA 02322
	<u></u>	
	t if necessary)	
LEV: Effective	e date, if other than the da	te of filing: (OPTIO) pecific and cannot be more than five business of
LE V: Effective fective date is li days after the d	e date, if other than the da sted, the date must be s late of filing.)	pecific and cannot be more than five business of
LE V: Effective ective date is li	e date, if other than the date sted, the date must be slate of filing.) IGNATURE: Signature of a member of the steel of	precific and cannot be more than five business of a new part of a member, on 608 408(3), Florida Statutes, the execution less an affirmation under the penalties of periory

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)