L1000025591

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ss)	
(City/s	tate/Zip/Phon	e #)
<u></u>	WAIT	MAIL
(Busin	ess Entity Na	me)
(200	oos Emily man	
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	
,		
		i.

Office Use Only



300171215563

03/05/10--01029--025 **125.00

10 MAR -5 PM 2: 56
SECTE LARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
Impoveti	ve Custom Eshrication		
SUBJECT: Innovati	ve Custom Fabrication Name of Limit	ed Liability Company	•
	• • • • • • • • • • • • • • • • • • • •		
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	ter to the following:	
James T. Bat	es	Name of Person	
		Name of Ferson	
Innovative Po	owder Coating, Inc.		
		Firm/Company	
524 Isle of Ca	apri Drive		
		Address	
Fort Lauderda	ale El 33301		
1 of Laderde		ty/State and Zip Code	
batesjtbates@	gaol.com		
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
James T. Bates		at (954) 565-4333	_
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	atus &
	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: The name of the Limited Liability Com	pany is:	
nnovative Custom Fabrication, L (Must end with the words "Lin	LC ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
550 NE 33 Street	524 Isle of Capri Drive	
Dakland Park, FL 33334	Fort Lauderdale, FL 33301	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address James T. Bates 524 Isle of Capri D	Name Name	ו ב כ
	street address (P.O. Box NOT acceptable)	
Fort Lauderdale	FL 33324 S6	
	City, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	

(CONTINUED)
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:

" NACD!! - NA		Name and Address:		
"MGR" = Manage: "MGRM" = Manage:				
MGR		Innovative Powder Coating, Inc.		
	,,-	550 NE 33 Street		
	•	Oakland Park, FL 33334		
	-			
			_	
				
			_ 	
(Use attachment if	necessary)			
(Use attachment if	necessary)			
CLE V: Effective da	ate, if other than the	date of filing:		
CLE V: Effective da effective date is liste	ate, if other than the cad, the date must be	date of filing: e specific and cannot be more than five b		
CLE V: Effective da	ate, if other than the cad, the date must be			
CLE V: Effective da effective date is liste	ate, if other than the cad, the date must be		usiness da	ays
CLE V: Effective da effective date is liste	ate, if other than the cad, the date must be e of filing.)		usiness da	ays
CLE V: Effective date is liste to days after the date	nte, if other than the ced, the date must be e of filing.)	e specific and cannot be more than five b	usiness da	ays 5
CLE V: Effective date is liste to days after the date	nte, if other than the ced, the date must be e of filing.)		ousiness da 10 max - 3	ays
CLE V: Effective date of the d	nte, if other than the cod, the date must be e of filing.) NATURE:	e specific and cannot be more than five b	JEUNELARY OF TALLAHASSEE, F	ays to sar -5 PH
CLE V: Effective date of the d	nte, if other than the cad, the date must be e of filing.) NATURE: Signature of a member	e specific and cannot be more than five b	JEUNET ARY OF ST TALLAHASSEE, FLO	10 MAR -5 PH 2:
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nte, if other than the ced, the date must be e of filing.) NATURE: Signature of a member (In accordance with section)	e specific and cannot be more than five b	JEUNELARY OF STATE	BY 10 MAR -5 PH 2:
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nte, if other than the ced, the date must be e of filing.) NATURE: Signature of a member (In accordance with section)	r or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution tattes an affirmation under the penalties of perjury	JEUNELARY OF STATE	ays
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nte, if other than the ced, the date must be e of filing.) NATURE: Signature of a member (In accordance with sector this document constitution)	r or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution tattes an affirmation under the penalties of perjury	JEUNELARY OF STATE	ays 10 MAR -5 PH 2:

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)