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SECRETARY OF STATE

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

superce. Mecha	werks Industries		
SUBJECT: MOONE		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Scott Casey			
		Name of Person	
Mechawerk	s Industries		
		Firm/Company	
2749 Ospre	y Creek Lane		
		Address	· · · · · · · · · · · · · · · · · · ·
Orlando, FL	32825		
	Ci	ty/State and Zip Code	
scasey1@cf	l.rr.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e-call:	
		<i>,</i> ,	•
Scott Casey		at ( 407 )489-4235	
Name	of Person	Area Code & Daytime Tele	ohone 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 Fee, Certificate of Status & 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 C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Mechawerks Industries, LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	ıbility Company is
Principal Office Address:	Mailing Address:	
2749 Osprey Creek Lane	2749 Osprey Creek Lane	
Orlando, FL 32825	Orlando, FL 32825	
The name and the Florida street address of the research Scott Casey  Name		
2749 Osprey Creek La	ane	
	ress (P.O. Box NOT acceptable)	
Orlando	FL 32825	
City, Sta	te, and Zip	
Having been named as registered agent and to a 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 the obligations of my position as regis  Registered Agent's Signature.	his certificate, I hereby accept the I further agree to comply with formance of my duties, and I am tered agent as provided for in Cl	e appointment as the provisions of all familiar with and hapter 608, F.S
(CONTI	NUED)	ASS
Page 1	of 2	mo = m

## 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 N	Name and Address:  Tember			
	MGR	Scott Casey 2749 Osprey Creek Lane Orlando, FL 32825			
	(Use attachment if neces	eary)			
If an	RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)				
	REQUIRED SIGNATU	RE:			
	Signatu	e of a member or an authorized representative of a member.			
	(In acco	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)			
	Scott .	Casey			
		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)