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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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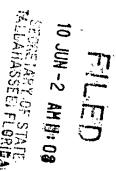
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D. BRUCE

JUN 3 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: HYDRAULIC AND TRANSMISSION SYSTEMS, L
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW MEKDECI
Name of Person
Firm/Company
9021 SW 112 CT
Address
MIAMI FLORIDA 33176
MIAMI FLORIDA 33176 City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW MEKNE Ci at (321) 298-8195 FS TO Area Code & Daytime Telephone Number SA STORY
Enclosed is a check for the following amount:
\$125.00 Filing Fee \times Certificate of Status \times Certified Copy (additional copy is enclosed) \times \$160.00 Filing Fee, Certificate of Status \times Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
HYDRAULIC AND TRANSMISSION SYSTEMS, LLC. (Must end with the words "Limited 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:			
9021 SW 112 CT 9021 SW 112 CT MIAMI FL 33176			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
ANDREW MEICDECI			
9021 SW 112 CT 75 = 1			
Florida street address (P.O. Box NOT acceptable)			
MIAMI FL 33176 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			
Melloli			
Registered Agent's Signature (REQUIRED)			
(CONTINUED)			
Page 1 of 2			
EFFECTIVE DATE 5/31/10			

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MG-R	ANDREW MEKDECI 9021 SW 112CT	
MG-R	ADELE ANN MEICHEC 9755 SW 114 CT MIAMI FL 33176	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 31, 2010. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANDREW MEKDEG

Typed or printed name of signer

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)