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J. SAULSBERRY EXAMINER

DEC 7 2010

### **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	ock Parts of Name of Limit	of Northwest Fl ted Liability Company	orida
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.	
Please return all correspond	lence concerning this mat	ter to the following:	
Keith I	) Woore	Name of Person	
Glock Par	ts of Worth	west Florida	A
		Firm/Company	
<u>5206 40</u>	shawk Dr.	Address	SO SO ON THE SOURCE OF THE SOU
Milton, F	L 32570	ty/State and Zip Code	TOT SI
glock part	_	for future annual report notification)	39 7.39
For further information con			
Keith D. Name of P	loo re	at ( <u>\$50</u> ) <u>206 - ·</u> Area Code & Daytime Tel	
Enclosed is a check for the	ne following amount:		
\$125.00 Filing Fee \$	130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Glock Parts of Worthwe	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5206 Goshawk Dr. Milton, FL 32570	5204 Roshaw K Dr. Milton, FL 32570
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the result of the res	egistered agent are:
	ress (P.O. Box NOT acceptable)  FL 3Z570  ST 32
City, Stat	te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

## 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 Member	Name and Address:
mgRm	Keith D. Moore 520Le Goshawk Dr. Milton, FL 32570
	20 B D
	HASSEEL F
(Use attachment if necessary)	H 2: 39
	be specific and cannot be more than five business day

#### **REQUIRED SIGNATURE:**

Signature of a 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Keith D. Moore
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)