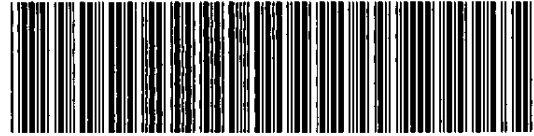


L10000127731



800188542838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

12/13/10--01031--026 **160.00

Effective Date 12-7-10

FILED
2010 DEC 13 PM 4:15
TALLAHASSEE, FLORIDA

FILED

Special Instructions to Filing Officer:

510A00028914

Office Use Only

J. SAULSBERRY
EXAMINER
DEC 14 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIANCE INDUSTRIAL SERVICE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jared Kelly

Name of Person

Alliance Industrial Service, LLC

Firm/Company

5855 N. Stewart Street

Address

Milton, Florida 32570

City/State and Zip Code

jkelly@allianceindserv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared Kelly

Name of Person

at (850) 375-8341

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

2010 DEC 13 PM 4:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alliance Industrial Service, 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:

5855 N. Stewart Street
Milton, Florida 32570

same

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:

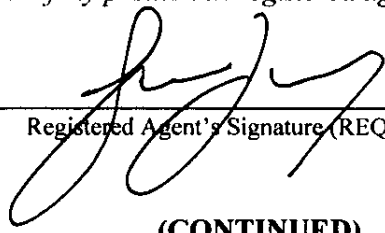
Jared Kelly
Name

5855 N. Stewart Street
Florida street address (P.O. Box NOT acceptable)

Milton FL 32570
City, State, and Zip

FILED
2010 DEC 13 PM 4:15
TALLAHASSEE, FLORIDA

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jared Kelly

5855 N. Stewart Street

Milton, FL 32570

MGRM

James Hopmeier

5855 N. Stewart Street

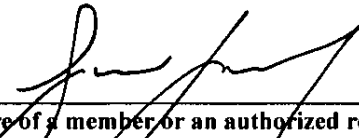
Milton, FL 32570

FILED
2010 DEC 13 PM 4:15

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 7, 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 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.)

JARED KELLY

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)