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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: Alternative Repair & Machining Services, LL	С
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:	
Aimee D. Pafford	
Name of Person	
Alternative Repair & Machining Serv	rices, LLC
Firm/Company	
6555 Trade Center Drive	
Address	
Jacksonville, Fl 32254	
City/State and Zip Code	
apafford@comcast.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Aimee D. Pafford at (904) 509-3089	
Name of Person Area Code & Daytime Telephor	ne Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed)	160.00 Filing Fee, lertificate of Status & lertified Copy additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Company is:

Alternative Repair & Machining Services, 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:

6555 Trade Center D)rive	6555 Trade Center Drive	
Jacksonville, FI 3225		Jacksonville, Fl 32254	
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Regist	Office, & Registered Agent's Signered Agent. You must designate an individual egistered agent are:	
	Susan H.	•	11 THE SECTION
	Name		
	ivanie		. 97
		Center Drive	-2
_	6555 Trade	Center Drive	
_	6555 Trade		OF CORPORATIONS -2 PN 12: 06

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)

<mark>'itle:</mark> MGR" = Manager MGRM" = Managing Men	Name and Address:
MGRM	Aimee D. Pafford
	6555 Trade Center Drive
	Jacksonville, Fl 32254
MGRM	Susan H.Turvey
	6555 Trade Center Drive
	Jacksonville, Fl 32254
	
Jse attachment if necessary	')
	r than the date of filing: February 1, 2011 (OPTIC

REQUIRED SIGNATURE:

(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.)

Aimee D Pafford

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)