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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER

COVER LETTER

Registration Section

TO:

| Division of Corporations | |
|---|---|
| _{SUBJECT:} Able Engineering, LLC | |
| | ted Liability Company |
| | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this mat | ter to the following: |
| Chen H. Lin | |
| | Name of Person |
| Able Engineering, LLC | |
| | Firm Company |
| 2313 Braeburn Circle | |
| | Address |
| Tallahassee, FL 32309 | |
| | y State and Zip Code |
| chen.ableengineering@gmail.co | orn future annual report notification) |
| For further information concerning this matter, please | · |
| Chan II Lin | 050 |
| Chen H. Lin | at (850 445-1806 Area Code & Daytime Telephone Number |
| V.2 5. V. 3. 5. V. | The Code to St., and Colephone Canada |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

| A 1 1 | _ | - | | |
|-------|-----|------|-------|--------|
| Able | End | ııne | erinc | ı, 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: | |
|---|---|-------|
| 346 Littman Road | 2313 Braeburn Circle | |
| Quincy, FL 32352 | Tallahassee, FL 32309 | |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Chen H. Lin | Registered Agent. You must designate an indiv | |
| 1 | Name | SS TO |
| 2313 Braeburi | n Circle | |
| Florida stre | eet address (P.O. Box NOT acceptable) | |
| Tallahassee, | _{FL} 32309 | |
| C | ity State and 7 in | T- |

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)

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager | Traine and Address. |
| "MGRM" = Managing Member | Managing Member(s): anager or Managing Member is as follows: Name and Address: |
| WORW - Wanaging Weinder | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| MGR | Chen H. Lin |
| | 2313 Braebum Circle |
| | Tallahassee, FL 32309 |
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| (Use attachment if necessary) LE V: Effective date, if other than | the date of filing: (OPTIONAL) |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: | in the date of filing: (OPTIONAL) set be specific and cannot be more than five business days prior 3/1/11 |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: | the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior 3/1/1 ember or an authorized representative of a member. |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of I am aware that any false is | ist be specific and cannot be more than five business days prior $\frac{3}{7}/11$ |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of I am aware that any false is | ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a may are that any false in constitutes a third degree from the constitutes at the constitutes at the constitutes at third degree from the constitutes at | ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)