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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Integrated Structural Technologies, &
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenyon Carter Name of Person
Integrated Structural Technologies, LLC
1705 Dora Ave
Tallahassee FL 32308 City/State and Zip Code
Integrated Structural Tech a gmail Com
For further information concerning this matter, please call:
Cody Carter at 727 423-4150
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<i>:</i>
Integrated Structu (Must end with the words "Limited Liab	oral Technologies, LLC. ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1705 Dora Ave Tallahassee, FL 32308	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the Cody Can	
1705 Dorce A Florida street ad	ldress (P.O. Box <u>NOT</u> acceptable)
Tallahussee.	FL 3230 8 late, and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Car.	APR 3
Registered Agent's Signa	flure (REQUIRED)
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Page 1 of	

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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:**

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

(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—

Typed or printed name of signee

or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees: