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N. Culligan AUG 3 0 2011

COVER LETTER

TO:	Registratio Division of	n Section Corporations			
SUBJE	cr. Tat	Technologies Flori	da LLC		
5000		Name of Limit	ed Liability Company		
The en	closed Article	s of Organization and fee(s) are	submitted for filing.		
Please	return all corr	espondence concerning this mat	ter to the following:		
	Gevan	Rudd			
			Name of Person		
	Gevan	C. Rudd CPA PC			
			Firm/Company		
	1423 S.	Higley Rd Ste 105			
·	· · · · · · · · · · · · · · · · · · ·		Address		
ļ	Mesa, Az	Z 85206			
City/State and Zip Code					
-	gevan@g	ruddcpa.com E-mail address: (to be used :	for future annual report notification)		
For fur	ther informati	on concerning this matter, please	e call:		
Geva	n Rudd		at (480 854-1377 Area Code & Daytime Telep		
	Na	me of Person	Area Code & Daytime Telep	phone Number	
Enclos	ed is a check	c for the following amount:			
\$125.0 0	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 C		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Tat Technologies Florida L (Must end with the words "Limited	LC d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
12557 N. Waterway	P.O. Box 3090	
Dunnellon, FL 34433	Dunnellon, FL 34430-3090	
12557 N. Water Plorida stre	the registered agent are:	HILLU 11 AUG 29 PM 2:3 BE SECRETARY OF STATE TALLAHASSEE, FLORID
Dunnellon	_{FL} 34433	
Ci	ity, State, and Zip	-
registered agent and agree to act in this ca statutes relating to the proper and comple	ed in this certificate, I hereby accept the appoints. I further agree to comply with the	ppointment as e provisions of all miliar with and

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR **Bruce Berrett** 1839 E. Garnet Circle Mesa, AZ 85204 MGR Ryan Miller 12557 N. Waterway Dunnellon, FL 34433 Randy Miller MGR 2631 E. Boston St Mesa, AZ 85213 (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:

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 tree 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.)

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)

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