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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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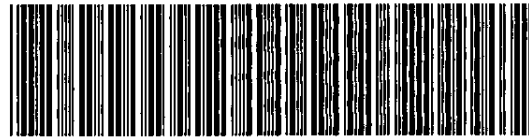
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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NOV 18 2011

EXAMINER



USA Tech Machining LLC

64155 Van Dyke Ave., Suite 147
Washington, MI 48095

November 12, 2011

Florida Dept of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Enclosed please find a cashiers check for \$125.00 for filing fee of USA Tech Machining LLC.

Please mail all correspondence to:
Kathleen D. Grucz
64155 Van Dyke Ave Suite147
Washington, MI 48095

Thank you,

Kathleen D. Grucz

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TALLAHASSEE, FLORIDA

Facilities in Cleveland, Ohio and Fort Myers, Florida

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA Tech Machining 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:

Kathleen D. Grucz

Name of Person

USA Tech Machining LLC

Firm/Company

14596 Sagamore Ct.

Address

Fort Myers, Florida

33908

City/State and Zip Code

usatechmachining@gmail.com

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

For further information concerning this matter, please call:

Kathleen Grucz

Name of Person

at (810)

531-2928

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA Tech Machining 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:

14596 Sagamore Ct.

Fort Myers, Florida 33908

Mailing Address:

64155 Van Dyke Ave., Suite 147

Washington, Michigan 48095

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:

Kathleen D. Grucz

Name

14596 Sagamore Ct.

Florida street address (P.O. Box NOT acceptable)

Fort Myers

FL 33908

City, State, and Zip

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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..

Kathleen D. Grucz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Name and Address:

Kathleen D. Gruz
14596 Sagamore Ct.
Fort Myers, Florida 33908

Timothy B. Neill
14596 Sagamore Ct.
Fort Myers, Florida 33908

Jeff Peterson
4700 Turney Rd.
Garfield Heights, Ohio 44125

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.)

Kathleen D. Grues
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.)

Typed or printed name of signee

**\$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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