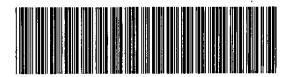
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 02/01/12



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CONCLARY OF STATE
ALLAHASSEE, FLOSIE.

D. BRUCE

JAN 3 1 2012

EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations	ıs.		
SUBJECT: floyd foundry	vllc		
SUBJECT. 7	Name of Limited Liability Company		
	of the Control of the Cities		
_	tion and fee(s) are submitted for filing.		
Please return all correspondence co	concerning this matter to the following:		
Patrick Cassidy	V		
	Name of Person		
All annual forms and an	Firm/Company	***	
104 gregory pla	ice		
ro i glogoly pla	Address		
west nales beach	florido 2240E		
west palm beach,	City/State and Zip Code		
Ffffloyd@aol.com		治にお	
E-mail a	address: (to be used for future annual report notification)		
For further information concerning	g this matter, please call:	30	1
Patrick Cassidy	at (561) 588-7773	14 5.	IT
Name of Person	Area Code & Daytime Telephone Number	12: 67 1-0RIB	<u> </u>
	_		
Enclosed is a check for the follo	_		
\$125.00 Filing Fee \$130.00		ling Fee, of Status &	
Collin	(additional copy is enclosed) Certified C	Сору	
	(additional co	opy is enclosed))
	g Address Street/Courier Address		
	ation Section Registration Section on of Corporations Division of Corporations		
P.O. Bo	ox 6327 Clifton Building ussee, FL 32314 2661 Executive Center Circle		
। बार्यावः	Tallahassee, FL 32314 Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
floyd foundry IIc (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:
104 gregory place west palm beach, florida 20105
33405
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:
patrick cassidy Name Name
104 gregory place
Florida street address (P.O. Box NOT acceptable)
west palm beach FL 33405
City, State, and Zip
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 02/01/12

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = !	Manager	Name and Address:	
	= Managing Member	er	
MGRM		Patrick cassidy	
		104 Gregory Place	
		West Palmm Beach, Florida 33405	_
		 	_
			_
			_
			- -
**************************************			_
•	ment if necessary)	than the date of filing: 02.01.2012 (OPTIC	- - ON A I
CLE V: Effe effective date 0 days after	ective date, if other t	than the date of filing: 02.01.2012 (OPTIC must be specific and cannot be more than five business	
CLE V: Effe effective date 0 days after	ective date, if other to is listed, the date the date of filing.) CD SIGNATURE:		
CLE V: Effective date 0 days after REQUIRE	ective date, if other to is listed, the date of filing.) ED SIGNATURE: Signature of a constitutes an affirmation and a ware that any fall.	member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)	days
CLE V: Effective date 0 days after REQUIRE	ective date, if other to is listed, the date of filing.) ED SIGNATURE: Signature of a constitutes an affirmation and a ware that any fall.	must be specific and cannot be more than five business member or an authorized representative of a member. Ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)	days

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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