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FILED 12 APR 11 AM II: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS APR 1 2 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Burst Fabrications

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:

| Matthew | Burst | |
|---------|-------|--|
| | | |

Burst Fabrications

Firm/Company

Name of Person

19642 Red Maple Lane

Address

Jupiter Florida 33458

City/State and Zip Code

msb10f@my.fsu.edu

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

For further information concerning this matter, please call:

 Matthew Burst
 at (561
 676-0054

 Name of Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

Service 4 130.00 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 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Burst Fabrications L.L.C.

(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:

19642 Red Maple Lane Jupiter Florida 33458

Mailing Address:

19642 Red Maple Lane Jupiter Florida 33458

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.) 12 APR SECRE

The name and the Florida street address of the registered agent are:

| Matthew Burst | | ACT - F |
|--|---------------------|---------|
| Name | | SEE |
| 19642 Red Maple Lane | | E ST |
| Florida street address (P.O. Box NOT acceptable) | | CORIE |
| Jupiter, Florida | _{FL} 33458 | DAEN |
| Cit | y, 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..

mad RT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| ARTICLE IV- Manager(s) or Mana | FILED | |
|---|--------------------------|--|
| The name and address of each Manage | | |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | <u>Name and Address:</u> | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| MGR | Matthew Burst | |
| | 19642 Red Maple Lane | |
| | Jupiter Florida 33458 | |
| | | |
| | | |
| | | |

(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:

lo Mt

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.)

Matthew Burst

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)