L120000 61853

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Effective Date 6/1/12

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MAY -8 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Victo	or Technologies, L	LC	
SUBJECT:		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
	spondence concerning this matt	_	
Gorald i	Damon Victor		
Gerald	Dalitor Victor	Name of Person	
Victor T	echnologies, LLC		
***************************************		Firm/Company	
2212 Jo	yner Drive		
		Address	
Tallahass	ee, Florida 32303		
damon@v	Cit rictortec.com	y/State and Zip Code	
danion@v		for future annual report notification)	
For further information	on concerning this matter, please	e call:	
Gerald Damon	Victor	at (850) 570-2594	
Nam	ne of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	.00 Filing Fee, ficate of Status & fied Copy fonal 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	

Effective Date 6/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI	E I	-	N	a	m	e
The name	۸f	th	_	ī	in	٠i

The name of the Limited Liability Company is:

Victor Technologies, 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:	 Mailing Address:	
2212 Joyner Drive	2212 Joyner Drive	
Tallahassee, FL 32303	 Tallahassee, FL 32303	
·		

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:

Gerald Damon Vic	ctor
	Name
2212 Joyner I	Drive
Florida str	reet address (P.O. Box NOT acceptable)
Tallahassee,	_{FL} 32303
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Gerald Damon Victor 2212 Joyner Drive Tallahassee, FL 32303
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: 06/01/2012 . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	per or an authorized representative of a member.
_	98.408(3), Florida Statutes, the execution of this document

(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.)

Gerald Damon Victor

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)

DIVISION OF CORPURATIONS