## L120WU98581

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## COVER LETTER

TO: Registration Section Division of Corp.		:	to the state of th
SUBJECT: Welling	ton Precision, L	LC.	
NOBSECT.		ted Liability Company	
	10 ()		
The enclosed Articles of O		<del>-</del>	
Please return all correspon	dence concerning this mat	ter to the following:	
Gerald J. C	Cormier		
<u></u>		Name of Person	
		Firm/Company	
647 Junipe	r Piace		
		Address	
Wellington, F	Florida 33414		
<u></u>		ty/State and Zip Code	
g1cormier@y	ahoo.com		
	E-mail address: (to be used	for future annual report notification)	
For further information con	ncerning this matter, pleas	e call:	
Gerald J. Cormier		at (561 ) 207-0417	
Name of I	Person	Area Code & Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
	_	Date on Pilling For & Mail	(0.00 Eiling Fac
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		60.00 Filing Fee, rtificate of Status &
		(additional copy is enclosed) Ce	ertified Copy iditional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	d Liability Comp	
Wellington Pred		
(Must end	with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	s:	•
The mailing address and	d street address of	f the principal office of the Limited Liability Company is
Principal Office Addre	ess:	Mailing Address:
647 Juniper Place		647 Juniper Place
Wellington, Florida		Wellington, Florida
33414		33414
business entity with an active I	•	
The name and the Florid	•	of the registered agent are:
The name and the Florid	da street address o	-
The name and the Florid	da street address o	Name
The name and the Florid	da street address o rald J. Cormie 7 Juniper F	Name
The name and the Florid  Ge	da street address o rald J. Cormie 7 Juniper F	Name  Place treet address (P.O. Box <u>NOT</u> acceptable)
The name and the Florid  Ge	da street address of rald J. Cormie 7 Juniper F Florida s Ilington	name Place

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Gerald J. Cormier
	647 Juniper Place
	647 Juniper Place Wellington, Florida 33414
•	
(Use attachment if necessary)	
`	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
	ist be specific and cannot be more than five business days pri-
) days after the date of filing.)	
REQUIRED SIGNATURE:	
<u>REQUIRED</u> SIGNATURE.	

Signature of a member of 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.)

GENAL

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)