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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations	
•	Division of Corporations	
CUD	ECT. CDD WET DDOCESS CDOUD I I C	
'20B1	ECT: GPR WET PROCESS GROUP LLC Name of	Limited Liability Company
The er	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	GREGORY R. ARNESON	
	GREGORI N. ARNESON	Name of Person
	•	
	GPR WET PROCESS GROUP LLC	
		Firm/Company
	4271 SW 106th TERRACE	Address
		Address
	DAVIE, FL 33328	
		City/State and Zip Code
	arneson1@bellsouth.net	e used for future annual report notification)
	E-man address. (to b	e used for future arritidal report frontingations
For fur	ther information concerning this matter, please	e call:
GREG	ORY R. ARNESONat (954) 723-9907
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
ELICIOS	sed is a check for the following amount.	·
\$12	5.00 Filing Fee X \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
	Certificate of Status	Certified Copy Certificate of Status & Certified Copy
		(additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section	Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

artiomed of ortoxine Attornion (orti	LONDA EMITED EIABIETT COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
CDD WET DROCESS COOLD II C	
GPR WET PROCESS GROUP LLC (Must end with the words "Limited Liabilit	ty Company." "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
The mailing address and street address of th	e principal office of the cirriled clability Company is:
Principal Office Address:	Mailing Address:
	
GPR WET PROCESS GROUP LLC	GPR WET PROCESS GROUP LLC
4271 SW 106th TERRACE	4271 SW 106th TERRACE
DAVIE, FL 33328	DAVIE, FL 33328
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
,	
The name and the Florida street address of the	he registered agent are:
CRECORY D. ARNECON	
GREGORY R. ARNESON Nan	ne
11411	,,,
4271 SW 106th TERRACE	

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..

FL 33328

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

City, State, and Zip

DAVIE

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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(CONTINUED)

GPR WET PROCESS GROUP LLC

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

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

MGRM	CRAIG PRICE 4271 SW 106th TERRACE DAVIE, FL 33328
MGRM .	GREGORY R. ARNESON 4271 SW 106th TERRACE DAVIE, FL 33328
(Use attachment if necessary)

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.)

GREGORY R. ARNESON

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)