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J. SAULSBER

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Mechanica I Name of Limite	Ocsign Works d Liability Company	<u>LLC.</u>
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	James Mits	Name of Person	
 		Firm/Company	
	3479 Rosem	ont Ridge Rd.	
	Tallahass	ee / Florida 3	23/2 = 2
		y Jahoo.com or future annual report notification)	23 12 AMR IL AMII: 32 ALLIANASSEEL. FLORID
For further information	concerning this matter, please	call:	OF S
James Name	Mitchell of Person	at (229) 400 - 0 Area Code & Daytime Telep	654 PAR 32
Enclosed is a check for	or the following amount:		
■\$125.00 Filing Fee	□\$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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mechanica De (Must end with the words "Limited Liability	sign Works, LLC, y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3479 Rosemont Ridge, Rd. Tall ahassee, FL 32312	3479 Rosemont Ridge, Rd. Tallahassee, FL 32312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another registered agent are:
The name and the Florida street address of the re	gistered agent are:
James Mit	thell say = [
Name	TO A M
	ont Ridge Rd. ress (P.O. Box NOT acceptable) Ridge Rd. 28 28 28 28 28 28 28 28 28 2
Tallahassee	FL 323/2 te, and Zip
•	
Having been named as registered agent and to a	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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR M	James Mitchell 3479 Rosemont Ridge Rd. Tallahassee, FL 32312
	2013 HAR 14 SICILITAR INITARIASS
	W AM II: 32 SEEF. FLORIDA
(Use attachment if necessary)	2 /u /2 013 (OPTIONAL)
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: 3/14/2013. (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	ner Mitchell

(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.)

Signature of a member or an authorized representative of a member.

Tames Mitchell
Typed or printed name of signce

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)