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| (Re | equestor's Name) | |
| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE: 814095 5014227 |
| AUTHORIZATION: |
| COST LIMIT : \$ 125.00, |
| ORDER DATE : September 19, 2013 |
| ORDER TIME : 9:02 AM |
| ORDER NO. : 814095-005 |
| |
| CUSTOMER NO: 5014227 |
| |
| DOMESTIC FILING |
| NAME: LUDLUM INDUSTRIAL, LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION |
| CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CERTIFICATE OF GOOD STANDING |
| CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956 |
| EXAMINER'S INITIALS: |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|--|--|
| The name of the Limited Liability Company | is: | |
| | | |
| LUDLUM INDUSTRIAL, LLC (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") | |
| (Wast old with the words 13.mines o | adminy company, silver, comments, y | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Li | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 168 HIALEAH DRIVE | 168 HIALEAH DRIVE | |
| HIALEAH, FL 33010 | HIALEAH, FL 33010 | |
| | | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the | egistered Agent. You must designate an indivi | |
| BECKER & POLIAKOFF, P.A. | | |
| Na | me | |
| 3111 STIRLING ROAD | | |
| Florida street | address (P.O. Box NOT acceptable) | |
| FT. LAUDERDALE | FL 33312 | |
| City | , State, and Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as | in this certificate, I hereby accept to pacity. I further agree to comply wo plete performance of my duties, and | he appointment as ith the provisions of I I am familiar with |
| | | |
| 140000 | | 3 |
| Registered Agent's Sig | gnature (REQUIRED) | |
| (CONT Page 1 | INUED) of2 | ZUIO SEP 19 M |
| | | |

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 | LEWIS SWEZY |
| | 168 HIALEAH DRIVE |
| | HIALEAH, FL 33010 |
| | |
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| | |
| | |
| | |
| | AND CONTRACTOR OF THE PARTY OF |
| | |
| 4014 Maria (1904) | |
| | |
| | |
| (Use attachment if necessary) | |
| | n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days g.) |
| REQUIRED SIGNATURE: | |

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.)

> PAMELA J. ANSELMO 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)

Page 2 of 2