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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TAXI STATE  
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J. SAULSBERRY  
EXAMINER

SEP 30 2013

(850) 245-6051.

### COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Graham Performance Tech, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Arthur J. Scornavacca, Jr.**

Name of Person

**Graham Performance Tech, LLC**

Firm/Company

**2696 SE Willoughby Blvd.**

Address

**Stuart, FL 34994**

City/State and Zip Code

**ascornavacca@pt2k.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Arthur J. Scornavacca** at **(772) 463-1056**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

2013 SEP 26 AM 9:27  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Graham Performance Tech, 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:

2696 SE Willoughby Blvd.

Stuart, FL 34994

#### Mailing Address:

2696 SE Willoughby Blvd

Stuart, FL 34994

### 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:

Arthur J. Scornavacca, Jr.

Name

2969 SE Willoughby Blvd.

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


Stuart,

FL

34994

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)

2003 SEP 26 AM 9:27  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Arthur J. Scornavacca, Sr.

2696 SE Willoughby Blvd.

Stuart, FL 34994

MGRM

Arthur J. Scornavacca, Jr.

2696 SE Willoughby Blvd.

Stuart, FL 34994

MGRM

E. Drewry Pollard

1011 Rockledge Drive

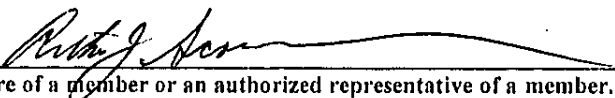
Rockledge, FL 32968

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Arthur J. Scornavacca, Jr.

Typed or printed name of signee

FILED  
2019 SEP 26 AM 9:27  
DEPT. OF STATE  
TALLAHASSEE, FL 32399

**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)**