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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

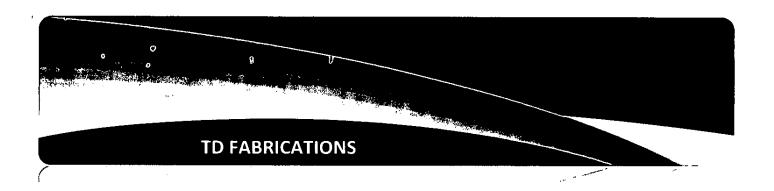
Office Use Only



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J. Shivers JAN 3 1 2013



January 22, 2014

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 (850) 245-6051

To whom it may concern,

Enclosed please find the completed Articles of Organization, the corresponding filing fee and proof of the company's Federal Employer Identification Number.

Please contact me with any issues preventing this from fully processing. I can be reached at 321-271-4208 or via email tomdevore1@gmail.com.

Thank you,

Thomas De Vore TD Fabrications, LLC

Date of this notice: 01-22-2014

Employer Identification Number: 46-4584170

Form: SS-4

Number of this notice: CP 575 G

TD FABRICATIONS
THOMAS DE VORE SOLE MBR
1104 QUOTATION CT
SAINT CLOUD, FL 34772

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4584170. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TDFA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TD Fabrications
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:
Thomas De Vore
Name of Person
TD Fabrications, LLC
Firm/Company
1104 Unit-B Quotation Ct
Address
St Cloud, FL 34772
City/State and Zip Code tomdevore1@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas De Vore321 \ 271-4208
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \$130.00 Filing Fee & \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Registration Section Street/Courier Address Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TD Fabrications, LLC			
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		rincipal office of the Limited Liability Company is:	
Principal Office A	ddress:	Mailing Address:	
1104 Unit-B Quotation C	t	1104 Unit-B Quotation Ct	
St Cloud, FL 34772		St Cloud, FL 34772	
		d Office, & Registered Agent's Signature:	
		as its own Registered Agent. You must designate an ind	ividual or
130011C1	ntifu wiith an active kleride r	ragistration)	
	ntity with an active Florida r	registration.)	
	ntity with an active Florida r Florida street address of the r		
	•		O mana Co John
	Florida street address of the r		
	Florida street address of the r	registered agent are:	0 16 Jan 20
	Florida street address of the r Thomas De Vore	registered agent are:	ocu Jayaya
	Thomas De Vore 1104 Unit-B Quotation Ct Florida street address (registered agent are: Name	16 JRF 22 - 641
	Florida street address of the r Thomas De Vore	registered agent are: Name	14 Jan 22 Carry

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Thomas De Vore
	1104 Unit-B Quotation Ct
	St Cloud, FL 34772
<u> </u>	
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be spot filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ective date is listed, the date must be split filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mean (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree for the section constitutes at the	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)
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