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SECRETARY OF STATE
TATE AHASSEE, FLORIDA

MAR 10 2013 T. HAMPTON

## **COVER LETTER**

TO: * Registration Section Division of Corporations
SUBJECT: Antioch Ironworks, L.L.C., 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:
Steve A. Briant Name of Person
Antioch Ironworks, L.L.C. Firm/Company
12409 WILD TURKEY LN. Address
Thonotosassa, FL 33592  City/State and Zip Code  ibriant@ tampa bay. rr. com  Smail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Judi Briant at 813 453-9023  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \text{\$130.00 Filing Fee} & \text{\$130.00 Filing Fee & Certificate of Status} & \text{\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \end{align*} \$\$2\$

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Antiuch Irong (Must end with the words "Limited I	works, L.L.C Liability Company, "L.L.C.," or "LI	.C.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Compar	ıy is:	
Principal Office Address:	Mailing Address:		
Thonotosassa, FL 33592	12409 WILD TU Thompsonsage, Fi	L 3359	LN,
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designa	te an individ	ual or
The name and the Florida street address of the registered a	igent are:		
The name and the Florida street address of the registered a  Steve A  Name	Briant		
12409 WIL Florida street address (P.O. Box	D JURKEY LN		
<u>Thonotosas</u>	54L <b>33</b> 592 Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the complex of the control of the contro	the appointment as registered agent fall statutes relating to the proper at gations of my position as registered of ty605, F.S	and agree to nd complete p	act in this performance
(CONTINUE	ED)	SECRETA TALLAHA	) ) :
Page 1 of 2		RETARY 6	

Title:  "AMBR" = Authorized Member  "MGR" = Manager  AMBR	Name and Address:
	_
"MGR" = Manager AMBR	
AMBR	Chair A Roy T
· -	Stere A. Briant
	12409 WILD TURKEY LA.
	Thonotosassa, FL 33592
Amar	T 11 11 7 . L
AMION	Undi H. Briant
	12404 WILD TURKEY LN.
	Thonotosassa, FL 33592
(Use attachment if necessary)	
e date of filing.)  RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	7
S STON IOU	Ba Comment
(A	r an authorized representative of a member.
	(1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the per	nalties of perjury that the facts stated herein are true.
	submitted in a document to the Department of State
constitutes a third degree felony as pro	
	A Box +
	A. Briant
Typed	or printed name of signee
	711 V
	Filing Fees:

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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