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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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07/07/14--01013--009 **130.08

EFFECTIVE DATE 7/3/14

TILLU 14 JUL -7 PM 3: 54 SECRETARY OF STATE

5MM 7/2/11

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Metalcrafters LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Richard Ellis	Name of Person	
		Ivalite of 1 cison	
		Firm/Company	
	1152 Halsema Road North	Address	
	Jacksonville FL 32220	City/State and Zip Code	
_tj€	ellis26@att.net E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Richa	rd Ellis at (Name of Person	904) 314-1668 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

EFFECTIVE DATE

7/3/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Metalcrafters LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
(Must end with the Words Enfined E	nationary Company, Bisico, or Biso.
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1152 Halsema Road North Jacksonville FL 32220	1152 Halsema Road North Jacksonville FL 32220
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Richard Ellis	
Name	
1152 Halsema Road North Florida street address (P.O. Box I	
Jacksonville	FL 32220
City	FL 32220 Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	學報 七

Page 1 of 2

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	Richard Ellis
	1152 Halsema Road North Jacksonville FL 32220
	Jacksonville FL 32220
MGR	Christopher Goodman
	1152 Halsema Road North
	Jacksonville FL 32220
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other the	n the date of filing: July 3, 2014
LE V: Effective date, if other the	n the date of filing: <u>July 3, 2014</u> . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 da
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LE V: Effective date, if other the fective date is listed, the date is of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm	wast be specific and cannot be more than five business days prior to or 90 days prior

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)

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