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SECRETARY OF STATE

1 8EP 19 2014

COVER LETTER

Division of C	Corporations		
SUBJECT: Gearhe	ad Industries LLC Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) an	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Christopl	ner Ray Haga	Name of Person	
<u>Gearhea</u>	d Industries LLC	Firm/Company	
<u>4650 NW</u>	/ 58th Court Building 4	Address	
Tamarac	, Florida 33319	City/State and Zip Code	
gearheadindust	ries@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, ple	ase call:	
<u>Christopher Ray Ha</u> Nan	ne of Person	954) <u>9709797</u> Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
☑ \$125.00 Filing Fee	□\$130.00 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)
Ma	iling Address	Street/Courier Add	2291

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

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:		
Gearhead Industries LLC (Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4650 NW 58th Court Building 4	4650 NW 58th Court Building 4	
Tamarac, Florida 33319	Tamarac, Florida 33319	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Christopher Ray Haga Name	Registered Agent. You must designate an individual.)	dual or
4650 NW 58th Court Building	SSI SSI	<u>ਯ</u>
Florida street address (P.O. Box]	NOT acceptable)	
Tamarac	FL 33319	
City	Zip RAIS	بن)
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 oblique Chapte Registered Agont's Signature.	the appointment as registered agent and agree t f all statutes relating to the proper and complete	o act in this performance

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Christonhan Day Hann
MGR	Christopher Ray Haga 4650 NW 58th Court Building 4
	Tamarac, FL 33319
	<u> </u>
	<u>~m</u>
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	OR TATE
	>
EV: Effective date, if other than the datective date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be sof filing.) EVI: Other provisions, if any.	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 96
E V: Effective date, if other than the datective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or H
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