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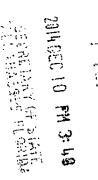
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: 5400 Engineering, LLC Name of Lir	nited Liability Company	
The encl	losed Articles of Organization and fee(s) as	re submitted for filing.	
Please re	eturn all correspondence concerning this m	atter to the following:	
	Paul Dalia		
		Name of Person	
	5400 Engineering, LLC		
		Firm/Company	
	10598 Lake Hill Drive		2014 <u>BEC 10</u>
		Address	
	0 5. 04744		(A)
	Clermont, FL 34711	City/State and Zip Code	
<u>pau</u>	ul@5400engineering.com		7 3 to
	E-mail address: (to be use	d for future annual report notification)	
For furti	ner information concerning this matter, plea	ase call:	•
Paul Da	alia at (<u>t</u>	855) 573-5400	
	Name of Person	Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:		
\$125.00	<u>_</u>	Certified Copy (additional copy is enclosed) \$\sum_{\text{cal}} \text{\$\sum_{\text{s}} \text{\$\sum_{\text{cal}} \text{\$\text{cal}} \$\text{c	of Status & opy
	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

5400 Engineering, LLC			
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10598 Lake Hill Drive Clermont, FL 34711	10598 Lake Hill Drive Clermont, FL 34711		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration.) The name and the Florida street address of the registered at Paul Dalia.	Registered Agent. You must designate an indivi	2014 SEC 10 TH	mrand gashir greyt
Name Name		. رب	
	• :	-FT	
10598 Lake Hill Drive	NOT	60	
Florida street address (P.O. Box J	NOT acceptable)		
Ctermont	FI, 34711		
City	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 oblique Chapte Registered Agent's Signature.	the appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as proper 605, F.S	o act in th performa	his ance

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Paul Dalia
	10598 Lake Hill Drive
	Clermont, FL 34711
	
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: <u>January 1, 2015</u> . (OPTIONAL) becific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	e of filing: January 1, 2015 (OPTIONAL) secific and cannot be more than five business days prior to or 90 da
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ARTICLE IV-