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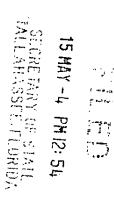
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		·
SUBJ	ECT: NULL E	Engineering LLC Name of Lin	nited Liability Company	
The er	aclosed Articles	of Organization and fee(s) a	re submitted for filing.	
		spondence concerning this m	-	
	Thomas	Read	Name of Person	
			Name of Person	
	NULL En	gineering LLC	Firm/Company	
			r irm/Company	
	021 Villa	an Rouleward Sta #005 1	244	
	<u>931 Villa</u>	ge Boulevard, Ste. #905-2	Address	
	West Pal	m Beach, FL 33409-1939		
		(	City/State and Zip Code	
.n.	ullengineering	@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	rther information	n concerning this matter, ple	ase call:	
Thor	nas Read		908 ) 872-1298	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclos	sed is a check fo	or the following amount:		
□ \$125.0	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)
	Mai	iling Address	Street/Courier Add	ress
	Reg	istration Section	Registration Section	
		ision of Corporations . Box 6327	Division of Corporat Clifton Building	ions
		ahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:    NULL Engineering LLC	ARTICLE I - Name:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  S14 Village Boulevard S15 #905-241 West Palm Beach, FL 33409-1939  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Thomas Read  Name  801 S Olive Ave Unit 217 Florida street address (P.O. Box NOT acceptable)  West Palm Beach City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete pagformation of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  (CONTINUED)	The name of the Limited Liability Company is:		
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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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