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SECRETARY OF STATE FALLAHASSEE, FLORIDA

7-1-150

COVER LETTER

TO:	Registration Section Division of Corporations
Crub to	Knudsen Fabrication LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	sturn all correspondence concerning this matter to the following:
	J. Andrew Knudsen
	Name of Person
	Knudsen Fabrication
	Firm/Company .
	108 Gillis Drive
	Address
	Crestview, FL 32536
	City/State and Zip Code
	6T4deuce@gmail.com E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	J. Andrew Knudsen 850 682-2346
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\frac{130.00}{\text{Certificate of Status}}\$155.00 Filing Fee & \frac{160.00}{\text{Certificate of Status}}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Knudsen Fabrication LLC (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
108 Gillis Dr.	108 Gillis Dr.
Crestview, FL 32536	Crestview, FL 32536
RTICLE III - Registered Agent, Registered Office, & Re	
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) the name and the Florida street address of the registered ager	· ·

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Name

Florida street address (P.O. Box NOT acceptable)

FL

State

32536

Zip

2526 Sunset Dr.

City

Crestview

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	James A. Knudsen
	108 Gillis Dr.
	Crestview, FL 32536
AMBR	J. Andrew Knudsen
	2526 Sunset Dr.
	Crestview, FL 32536
<u> </u>	
	
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the directive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 de of meet the applicable statutory filing requirements, this date will not b
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