## L15000/32587

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	iess Entity Nai	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



500274797035

08/08/15--01011--024 \*\*125.00

15 AUG -6 PH 1: 39

15 AUG -6 PM 1:29

L Service (1990) 6 2015

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: Faulk	er's Fabi	cications	
	Name of Lim	ited Liability Company	
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	-
Zachari	ah Willia	am Faulkner	•
,		Name of Person	
_ Faul	ber's Fa	brications Firm/Company	
		i min company	
1200	's Souther	Address	
Tallah	assee F/	ity/State and Zip Code	
		amail.com	
E-mai	l address: (to be used	future annual report notificati	on)
For further information concern	ing this matter, please	call:	
Zach Faulk Name of F		rea Code Daytime Telephon	
Enclosed is a check for the fol	lowing amount:		
	30.00 Filing Fee & crtificate 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 Ad-	<u>dress</u>	Street Address	

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Faulkner's Fabrication (Must end with the words "Limited Liability	ty 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:	Mailing Address:
1206 Southern St	12010 Southern St.
Having been named as registered agent and to accept service of pr	are:  Author  Box NOT acceptable)  Tocomore State  Tocomore State  Tocomore State  Tocomore State State State State State  Tocomore State
place designated in this certificate, I hereby accept the appointmen further agree to comply with the provisions of all statutes relating t am familiar with and accept the obligations of my position of regis	to the proper and complete performance of my duties, and I

Page 1 of 2

(CONTINUED)

(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in's.817.155, F.S.)		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Cachariah Faulkner
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBK	1600 Southern st
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		1911G F1 \$2305
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	·	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<u> </u>
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	·	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<u>ျှော်</u> တ
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		علاق
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		· 3
CLE V: Effective date, if other than the date of filing:		<b>&gt;</b>
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day ate of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	477 1 10	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not m	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be li
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not mean the cument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be list
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  1 am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not more cument's effective date on the Department of CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be list
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  1 am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not more cument's effective date on the Department of CLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be lis
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be list State's records.
I am aware that any false information submitted in a document to the Department of State	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	eet the applicable statutory filing requirements, this date will not be list state's records.
constitutes a third degree felony as provided for in s.817.155, F.S.)	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with secti	eet the applicable statutory filing requirements, this date will not be list State's records.  mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with sectionstitutes an affirmation)	eet the applicable statutory filing requirements, this date will not be list of State's records.  mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are true.
	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with sectionstitutes an affirmation I am aware that any false	eet the applicable statutory filing requirements, this date will not be list of State's records.  mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
Typed or printed name of signee	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be list of State's records.  Imber or an authorized representative of a member.  Ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
Typed of printed name of signed	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with sectionstitutes an affirmation I am aware that any false	eet the applicable statutory filing requirements, this date will not be list of State's records.  mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document information submitted in a document to the Department of State of felony as provided for in's.817.155, F.S.)
D21' D	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not be list of State's records.  Imber or an authorized representative of a member. Ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree and the section of the se	mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document nunder the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: