L15000/823534

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJE | Affordable Machine & Mold LLC |
| SUBJE | Name of Limited Liability Company |
| The enc | losed Articles of Organization and fee(s) are submitted for filing. |
| Please re | eturn all correspondence concerning this matter to the following: |
| | Ann Konnen |
| | Name of Person |
| * * | |
| | Firm/Company |
| | 2001 14th Ave. West |
| | Address |
| | Palmetto FI 34221 |
| | City/State and Zip Code |
| | Akonnen@verizon.net |
| | E-mail address: (to be used for future annual report notification) |
| For furthe | er information concerning this matter, please call: |
| | Ann Konnen 941 722-1174 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amount: |
| \$125.00 | Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | hine & Mold LLC | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| (Must | end with the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | |
| RTICLE II - Address: | | | | |
| he mailing address and str | eet address of the principal of | fice of the Limited | Liability Company is: | ار کار مارستان |
| <u>Pri</u> | ncipal Office Address: | | Mailing Address: | • • • • • • • • • • • • • • • • • • • • |
| 2001: 14th: Aven | ue West | 2001 | 14th Ave. W. | 2 |
| Palmetto, FL 34 | 221 | Palm | etto, Fl 34221 | . 55 |
| | | | | |
| he Limited Liability Com other business entity with | h an active Florida registration treet address of the registered | Registered Agent. Y | t's Signature: 'ou must designate an individua | al or |
| he Eimited Liability Com other business entity with | pany cannot serve as its own han active Florida registration | Registered Agent. Y | | al or |
| he Eimited Liability Com nother business entity with | spany cannot serve as its own in the anactive Florida registration treet address of the registered | Registered Agent. Y | | al or |
| The Eimited Liability Com nother business entity with | spany cannot serve as its own in the anactive Florida registration treet address of the registered | Registered Agent. Y | | al or |
| The Eimited Liability Com nother business entity with | pany cannot serve as its own han active Florida registration treet address of the registered Ann Konnen | Registered Agent. Y agent are: Name | ou must designate an individua | al or |
| The Eimited Liability Com nother business entity with | apany cannot serve as its own in an active Florida registration treet address of the registered Ann Konnen 2001 14th Ave. W. | Registered Agent. Y agent are: Name | ou must designate an individua | al or |
| he Eimited Liability Com nother business entity with | apany cannot serve as its own in an active Florida registration treet address of the registered Ann Konnen 2001 14th Ave. W. Florida street address | Registered Agent. You agent are: Name (P.O. Box NOT ac | ou must designate an individua | al or |

(CONTINUED)

Page 1 of 2

| Citle: | 4 . 154 . | Name and Address: |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | nthorized Member | · |
| 'MGR" = Mar | nager | A V |
| MGRM | | Ann Konnen |
| | | 2001 14th Ave. W. |
| | | Palmetto, Fl 34221 |
| 140014 | | D' 1 177 |
| MGRM | | Richard Konnen |
| | | 2001 14th Ave. W. |
| | | Palmetto, Fl 34221 |
| | | |
| MGRM | | Deborah Konnen |
| | | 2001 14th Ave. W. |
| | | Palmetto, Fl 34221 |
| | | • . |
| | | · |
| | | |
| | | |
| V: Effective tive date is li filing.) | sted, the date must be sp | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to o |
| CV: Effective ctive date is li filing.) the date insertent's effective | date, if other than the date sted, the date must be sp | pecific and cannot be more than five business days prior to o meet the applicable statutory filing requirements, this date wil |
| CV: Effective etive date is li filing.) he date insert ent's effective CVI: Other pro- | date, if other than the date isted, the date must be speed in this block does not be date on the Department ovisions, if any. | meet the applicable statutory filing requirements, this date will of State's records. |
| V: Effective etive date is li filing.) he date insert ent's effectiv | edate, if other than the date isted, the date must be speed in this block does not reduce date on the Department ovisions, if any. Signature of a management | pecific and cannot be more than five business days prior to o meet the applicable statutory filing requirements, this date wil |
| V: Effective etive date is li filing.) he date insert ent's effectiv | edate, if other than the date isted, the date must be speed in this block does not reduce date on the Department ovisions, if any. Signature of a management | meet the applicable statutory filing requirements, this date will of State's records. meet the applicable statutory filing requirements, this date will of State's records. ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statue information submitted in a document to the Department of S |

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)