L1600012339

(Re	equestor's Name)	***************************************
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

JAN 2 2 2016

T. SCOTT



100280667681

01/06/16--01003--020 **1395.00

16 JAN -8 AMII: 28

COVER LETTER

.

	Registration Section Division of Corporations	
SUBJEC	PHILLIPS FABRICATION & MAINTENANCE LLC	
SUBJEC	Name of Limited Liability Company	
The encl	closed Articles of Organization and fee(s) are submitted for filing.	
Please re	return all correspondence concerning this matter to the following:	
	BOBBY W. PHILLIPS	
	Name of Person	
	PHILLIPS FABRICATION & MAINTENANCE LLC	
	Firm/Company	
	4416 ALANTHUS STREET	
	Address	
	MILTON, FL 32583	
	City/State and Zip Code PHILLIPS574558@BELLSOUTH.NET	
	E-mail address: (10 be used for future annual report notification)	
For furthe	her information concerning this matter, please call:	
	BOBBY W. PHILLIPS 850 564-1384	
	Name of Person Area Code Daytime Telephone Number	
Enclose	sed is a check for the following amount:	
\$125.00	00 Filing Fee \$\frac{130.00}{Certificate of Status}\$155.00 Filing Fee \$\frac{160.00}{Certificate of Status}\$160.00 Filing I Certificate of Status Certificate of Status (additional copy is enclosed)	atus &
	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

	CATION & MAINTENA		
(Must en	d with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:
• · · · · · · · · · · · · · · · · · · ·			, , ,
<u>Princ</u>	ipal Office Address:		Mailing Address:
4416 ALANTHUS	STREET	4410	ALANTHUS STREET
MILTON, FL 32	583	MIL	TON, FL 32583
			nt's Signature: You must designate an individual or
The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration	Registered Agent.	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. n.) d agent are:	
The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration	Registered Agent. on.) d agent are:	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. n.) d agent are:	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. on.) d agent are: PS Name	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration at address of the registered BOBBY W. PHILLI	Registered Agent. on.) I agent are: PS Name TREET	You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration active Borda registered BOBBY W. PHILLI	Registered Agent. on.) I agent are: PS Name TREET	You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 IM - 6 AFIL: 28

<u> Title:</u>	horized Member	Name and Address:
MGR" = Mana		
MGR - Maile	gcı	BOBBY W. PHILLIPS
		4416 ALANTHUS STREET
		MILTON, FL 32583
		
V: Effective o	late, if other than the date o	f filing: 01/01/2016
ctive date is lis f filing.) the date inserte	late, if other than the date o ted, the date must be spect d in this block does not me date on the Department of	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not
EV: Effective of ctive date is list filing.) the date insertement's effective	late, if other than the date of ted, the date must be spected in this block does not me date on the Department of visions, if any.	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not
CV: Effective of ctive date is list filing.) the date insertement's effective CVI: Other pro	date, if other than the date of ted, the date must be spected in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a men This document is execute I am aware that any false in ted.	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not
CV: Effective of tive date is list filing.) the date insertement's effective cVI: Other pro	date, if other than the date of ted, the date must be spected in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a men This document is execute I am aware that any false in ted.	the applicable statutory filing requirements, this date will not state's records. There is an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
EV: Effective of ctive date is list filing.) the date insertement's effective EVI: Other pro	date, if other than the date of ted, the date must be spected in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a men This document is execute I am aware that any false is constitutes a third degree in ted.	the applicable statutory filing requirements, this date will not state's records. There is an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Page 2 of 2