(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dashiess Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000298458490

05/05/17--01014--001 **125.00

C. GOLDEM MAY ~ 5 2017

COVER LETTER

Division of Corporations
SUBJECT: Milton TIT Metal Fabrication 5 LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Milton Hender Son Jr. Name of Person
Milton III Metal Fabrication - LLC
9/21 wabjer st. Address
Tall FL, 32315
bizznessfist. 93@ & Mail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milton Healt 500at (850) 491 - 1940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (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

FILES

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

17 MAY -5 AHII: IS

(Must contain the words "Limited Liability Company, "L.L.C.," or "LI

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

721 Wabler St. 2325 W forsacola S Tallahassee Florida 2325 W forsacola S 32515 Tallahassee Ho
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 reconstruction agent are:
Milton Henderson Jr
2325 W Pensacola St
Florida street address (P.O. Box NOT acceptable) Apt. 132

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)

Title:		Name and Address:
"AMBR" = Authorize "MGR" = Manager	ed Member	Lawanna N. Mitchell & #1 2315 West Pensicola St #1 Fall Fr 333 Tallahassee F.
	_	
		
#11 * * * * * * * * * * * * * * * * * *		
(Use attachment if ne	• •	(ODTIONAL)
FICLE V: Effective date, in effective date is listed, the date of filling.) le: If the date inserted in the	f other than the date of fili he date must be specific his block does not meet the	he applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, i an effective date is listed, t date of filing.)	f other than the date of fili he date must be specific his block does not meet the on the Department of Sta	and cannot be more than five business days prior to or 90 days aft he applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, i an effective date is listed, t date of filing.) te: If the date inserted in the document's effective date	f other than the date of fili he date must be specific his block does not meet the on the Department of Sta	and cannot be more than five business days prior to or 90 days aft he applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, in effective date is listed, the date of filling.) te: If the date inserted in the document's effective date	f other than the date of filine date must be specific this block does not meet the on the Department of Stans, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ate's records.
TICLE V: Effective date, is an effective date is listed, to date of filing.) te: If the date inserted in the document's effective date TICLE VI: Other provision REOUIRED SIGNATION This I am	f other than the date of filine date must be specific this block does not meet the on the Department of States, if any. ATURE: Signature of a member document is executed in aware that any false information of the content of the c	and cannot be more than five business days prior to or 90 days aft the applicable statutory filing requirements, this date will not be listed

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)