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SECRETARY OF STATE

COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	. Flojet LLC
000,001	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	David Dow
	Name of Person
	Firm/Company
	1744 Sumter Lane
	Address
	Melbourne
1	City/State and Zip Code F1. 32904
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	David Dow 207 233-3269
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S155.00 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

The name of the Limited Liability	Company is:		
FloJet LLC			
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
1744 Sumter Lane		174	Sumter Lane
Melbourne, FL 32904		Mell	ourne, FL 32904
(The Limited Liability Company) another business entity with an ad			You must designate an individual or
The name and the Florida street a	ddress of the registered	d agent are:	
	David Dow		
		Name	
	1744 Sumter Lane		
	Florida street addres	ss (P.O. Box NOT a	cceptable)
	Florida street addres	ss (P.O. Box <u>NOT</u> a FL	cceptable) 32904

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

118 KAY 18 PH 1: 28

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Autho		
"MGR" = Manage		
<u>MGR</u>	David Dow	
	1744 Sumter Lane	
	Melbourne, FL 32904	
		
		
 -		
	<u> </u>	
(Use attachment it	if necessary)	
	•	
	in this block does not meet the applicable statutory filing requirements, this date wildate on the Department of State's records.	II not be listed as
ARTICLE VI: Other provis	sions, if any.	
REOUIRED SIG	GNATURE:	
	Signature of a member or an authorized representative of a member.	
Т	This document is executed in accordance with section 605.0203 (1) (b), Florida Stati	utes
	am aware that any false information submitted in a document to the Department of S	
	onstitutes a third degree felony as provided for in s.817.155, F.S.	×141.0
•	and the second and beautiful and beautiful and the second and the	
	David Dow	过。
	Typed or printed name of signee	宣 後
		A -S
	Filing Fees:	₹ 6
\$125.00 Filing I		12

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