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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SPRING ALLOYS & ADDITIVES 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:
James 6. Bombulie
Name of Person
Speine Alloys & Additives LLC
Firm/Company
12683 ASTOR PLACE
Address
FORT MYERS, FL 33913
jimbombulie ogmalL.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cali:
Jim Bombulte at (381) 728-7825 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int \text{Certified Copy}\$\$ (additional copy is enclosed) \$\int \text{S160.00 Filing Fee.}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability					
_ SPRING	ALLOYS &	ADDIT	VES LLC		
(Must conta	n the words "Limited L	iability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	lress of the principal of	fice of the Lin	nited Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Ac	<u>idress</u> :	
12683 ASTO	R PLACE		SAME	-	
FORT MY EAS	FL 33913	<u> </u>			
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ad	annot serve as its own R tive Florida registration. dress of the registered a TAMES 13683 As	Registered Agr agent are: C. Bo Name	mbulte	individual or	19 JAN - 7 AH
	Florida street address (70	N. 6: 32
	FURT MY ERS	+2	33913	2	် မ
			•	<u>ښ</u>	
Having been named as registered age place designated in this certificate, I if further agree to comply with the provam familiar with and accept the oblig	isions of all statutes rela attions of my position as	ntment as regi. ting to the pro registered ago	stered agent and agree to ac	et in this capacity. I	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG R	James C. Bombulie
	12653 ASTOR PLACE
	FORT MYERS, FL 33913
MGR	JENISE M. BOMBULIE
	FORT MY ERS FL 33913
-	
(Use attachment if necessary)	
EV: Effective date, if other than the date certive date is listed, the date must be specifilling.) the date inserted in this block does not me	of filing: 1-4-19 (OPTIONAL) cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
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