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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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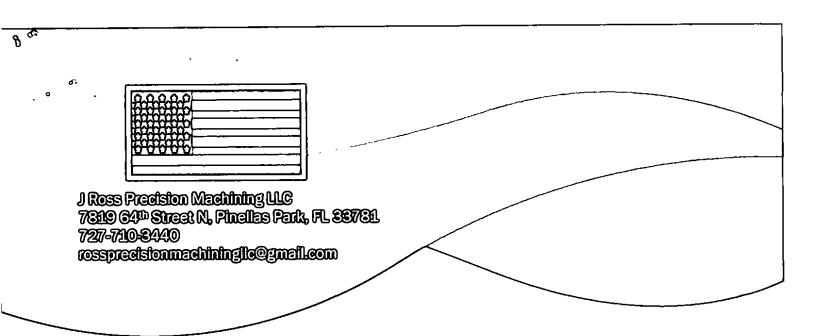


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## COVER LETTER

TO:	New Filing Section Division of Corporations					
CHDIE	J Ross Precision Machining	LLC				
SUBJECT: Name of Limited Liability Company						
The enc	closed Articles of Organization and fed	e(s) are submit	ted for filing.			
Please r	return all correspondence concerning t	his matter to th	ne following:			
	Jay L Ross					
		Name	of Person			
	J Ross Precision Machining Ll	_C				
		Firm	Company			
	7819 64th Street N					
	<del> </del>	A	ddress			
	Pinellas Park, Florida 33781					
	rossprecisionmachiningllc@gm	-	and Zip Code			
			e annual report notification)			
For furthe	er information concerning this matter,	please call:				
	Jay L Ross	727 at (	710-3440			
	Name of Person	Area Code				
Enclose	ed is a check for the following amount:					
	O filing Fee \$130.00 filing Fee Certificate of State	e & S15	5.00 Filing Fee & S160.00 Filing Fee, tified Copy 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



To: Division of Corporations
New Filing Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern.

We would like to incorporate our business in the name of J Ross Precision Machining LLC, as a new venture effective 02/01/19. The sole-owner, operator and manager of the business will be Jay L Ross. We have done a name search in Sunbiz.org and this name is not in use.

Please consider allowing our business to be filed in this name. Attached is payment of \$160.00 for the Filing Fee, Certificate of Status and the Certified Copy. If there are any issues, please contact me directly.

Warm regards.

Jay L Ross Owner of J Ross Precision Machining LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address:	reet address of the principal (	office of the Limited	Lishility Commonwing			
•	•	omce or me Limited	, ,			
<u>Pr</u>	incipal Office Address:		Mailing Addres	<u>ss</u> :		
7819 64th Street I	N	7819	64th Street N			
Pinellas Park, FL		Pinell	as Park, FL			
33781		3378	1			
The Limited Liability Controller business entity with	d Agent, Registered Office, npany cannot serve as its own than active Florida registrati	n Registered Agent. \on.)		vidual or	19 FE	
The Limited Liability Controller business entity with	npany cannot serve as its own	n Registered Agent. \on.)		SEEKE IÁN TALLAHASS	19 FEB -8	
The Limited Liability Con nother business entity with	npany cannot serve as its own the interest as its own the interest and active Florida registrations and the registerest address of the registerest.	n Registered Agent. \on.)			8	
The Limited Liability Connother business entity with	npany cannot serve as its own the interest as its own the interest and active Florida registrations and the registerest address of the registerest.	n Registered Agent. \ on.) d agent are:		SECRETÁRY GI TALLAHASSEE:	-8 A	
The Limited Liability Connother business entity with	npany cannot serve as its own than active Florida registratistreet address of the registere  Jay L Ross  7819 64th Street N	n Registered Agent. \ on.) d agent are:	You must designate an indi	SECRETÁRY GI TALLAHASSEE:	-8 A	
The Limited Liability Connother business entity with	npany cannot serve as its own than active Florida registratistreet address of the registere  Jay L Ross  7819 64th Street N	n Registered Agent. \on.) d agent are: Name	You must designate an indi	SEEKE IÁN TALLAHASS	-8 A	FIT

foly from Signature (RECUIDED)

(CONTINUED)

## ARTICLE IV-The name and ac

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

<u>Title:</u> "AMBR"	= Authorized Member	Name and Address:	
"MGR" = MGR	Manager	Jay L Ross 7819 64th Street N	19 17 18:5: 19
		Pinellas Park, FL 33781	- <b>83</b>
			SEC 3
			9: 18
			<del></del> -
			<del></del>
(Use attac	thment if necessary)		
(If an effective date the date of filing.) Note: If the date is	e is listed, the date must be spec nserted in this block does not me	f filing: 02/01/2019  ific and cannot be more than five busines  et the applicable statutory filing requirem	ess days prior to or 90 days after
	ective date on the Department of er provisions, if any.	State's records.	
		· · · · · · · · · · · · · · · · · · ·	
REOUIR	ED SIGNATURE:	L Rass	
	This document is executed am aware that any false i	ther or an authorized representative of d in accordance with section 605,0203 (1) information submitted in a document to the elony as provided for in s.817.155, F.S.	) (b), Florida Statutes.
	Jay L	Ross	
	ل	Typed or printed name of signee	

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)