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	w Filing Sec vision of Co				
CHD IECT.		luminum Fabrications LLC	;		
SUBJECT:		Name of Lin	nited Liab	ility Company	
The enclose	d Articles of	Organization and fee(s) are	e submitte	d for filing.	
Please return	n all correspo	ondence concerning this ma	itter to the	following:	
	Austin Busb	in			
	, _		Name o	of Person	
	Austin's Alu	minum Fabrications LLC			
-			Firm/C	ompany	
	13156 Tom	Morris Drive			
•			Ado	lress	
	Jacksonville.	, FL 32224			
-			ity/State a	nd Zip Code	
<u>a</u>	ustinbusbin@	·-·			
	F	E-mail address: (to be used	for future	annual report notification	on)
For further in	formation cor	ncerning this matter, please	call:		
4	Austin Busbi	nat (305	, 360-67	93
	Name	e of Person Ai	rea Code	Daytime Telephone	
Enclosed is	a check for th	ne following amount:			
□\$125.00 F		□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 ussee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee rt, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:		
Austin's Aluminum F	abrications LLC		
(Must conat	in the words "Limited i	Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limi	ted Liability Company is:
Principa	d Office Address:		Mailing Address:
13156 Tom Morris D Jacksonville, FL 3222			3156 Tom Morris Drive acksonville, FL 32224
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Agei	gent's Signature: nt. You must designate an individual or
The name and the Florida street a	ddress of the registered	agent are:	
	Austin Busbin		
		Name	
	13156 Tom Morris D	rive	
	Florida street address	s (P.O. Box <u>NO</u>	[acceptable)
	Jacksonville	FL	32224
	City	State	Zip

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)

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- ARTICLE IV-

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

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

3R" = Authorized Member R" = Manager IBR	Austin Busbin 13156 Tom Morris Drive Jacksonville, FL 32224
5	Jacksonville, Fl. 32224
<u></u>	Jacksonville, Fl. 32224
	Jacksonville, Fl. 32224
<u> </u>	
 	
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Other provisions, if any. UIRED SIGNATURE: Signature of a me This document is execut	ember or an authorized representative of a member.
Other provisions, if any. UIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member. The din accordance with section 605.0203 (1) (b). Florida Statutes. The information submitted in a document to the Department of State The felony as provided for in s.817.155, F.S.