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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20008000019 : (305)552-5973 : (305)675-5944 Fax Number

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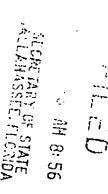
## FLORIDA LIMITED LIABILITY CO. **PUMP & MOTOR SOLUTIONS LLC**

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A PARTY OF THE STATE OF THE STA	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
PUMP & Motor solutions	2.1 C.
APTICLER	
ARTICLE II - Address:	
The mailing address and street address of the principals	
The mailing address and street address of the principal office of Company is:	the Limited Liability
102	
18200 Sa 98 Uvenue Pro	$\mathcal{A}$
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Voliverio lay, It 3315	
	<u> </u>
ARTICLE III - Registered Agent, Registered Office:	
	· · · · · · · · · · · · · · · · · · ·
Company cannot serve as its own Registered Apart Ve	are: (The Limited Lightling
Company cannot serve as its own Registered Agent. You must designate an Individual or anoth with an active Florida registration.)	er business entity
	~ S
Victor Manuel telandro	음달 약 <u>C</u>
	97. SE
18200 Sch $900$	
18200 SW 98 avenue Road	
- rainetto bay fr 32/5	17
1, 10 0017	_/
ARTICLE IV	
The name and title of each person authorized to manage and continuous (MGR or AMRR)	rol the Limited
Liability Company: (MGR or AMBR)	
112/2/ Man 1 (1)	
Victor Manuel Felandre	) IAMAD \
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## Required Signatures:

3052201440



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)