## L04000003457

| Danny Sylvester (Requestor's Name)                          |  |  |
|---|--|--|
| 4324 wood berry (Address)                                   |  |  |
| (Address)   |  |  |
| (Address)  Mariana Fla 32448  (City/State/Zip/Phone #3.2448 |  |  |
| (City/State/Zip/Phone #)・ッチャン・フィタフ                          |  |  |
| PICK-UP WAIT MAIL   |  |  |
| (Business Entity Name)                                      |  |  |
| (Exemples Entry Hamile)                                     |  |  |
| (Document Number)   |  |  |
| Certified Copies Certificates of Status                     |  |  |
| Special Instructions to Filing Officer:                     |  |  |
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Office Use Only



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LU4-3459

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| Sylvesters Air condition   | mg + Heating LLC   |
| ARTICLE II - Address: The mailing address and street address of the prince   |  |
| Principal Office Address:  | Mailing Address:   |
| 43 15 Woodberry Rd   | 4315 woodberry Road  |
| Marianna, Florida  | Marianna, Florida  |
| .32448   | 32448  |
| The name and the Florida street address of the reg  Danny Sylve  Name  4324 Fore ha  Florida street address (P.O. B.  Marianna  City, State, and   | Ster  nd Lave  Box NOT acceptable)   |
| Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar was registered agent as provided for in Characteristics.  Registered Agent's Si  Page 1 of 2 (CONTINUE) | ne of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as the provision of my position as the following provided statutes.  AGE AHASS TOTAL TO |

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address:                 |    |
|-------------------------------|-----------------------------------|----|
| "MGRM" = Managing Member      |                                   |    |
| MGRM                          | Danny Sylvester                   | ,  |
|                               | Marianna Florida 32448            |    |
| MORM                          | Louis Sylvester                   |    |
|                               | Mananna. Florida 32448            |    |
| MGRM                          | Jerry Sylvester<br>3085 Russ Road |    |
|                               | Marianna Florida 32446            |    |
|                               |                                   | ٠. |
| (Use attachment if necessary) |                                   |    |
| (Osc attachment if necessary) |                                   |    |

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Danaly Sylveste

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETATE OF STATE
TALLAHASSEE, FLORING