

L090000 22825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

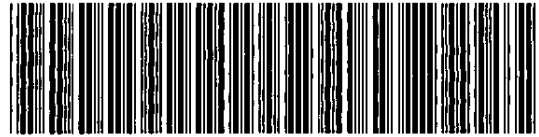
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
MAR - 9 2009
EXAMINER

Office Use Only



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03/06/09--01015--001 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



206 Mason Street, Brandon, Florida 33511
Telephone: (813)681-4246/Facsimile: (813)653-9668
E-Mail: erfjrpa@earthlink.net

February 18, 2009

James E. Bishop, III
13007 Old Crystal River Road
Brooksville, Florida 34601

Re: Limited Liability Company

Dear Mr. Bishop:

Enclosed herein is the original packet of information that will need to be signed in order for your company to be registered as an LLC.

Please review the enclosed, and sign where indicated. You will also see that there is a \$125.00 filing fee, to which a check should be made payable to "Florida Department of State".

After you and your wife have executed the documents, please mail all the originals plus your check in the amount of \$125.00 made payable to "Florida Department of State", to the following address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

The original documents to be mailed consist of:

1. Cover Letter (does not need to be signed)
2. Articles of Organization for Florida Limited Liability Company (signed by Erle on page 1, and signed by Patricia on page 2)
3. Check in the amount of \$125.00, made payable to "Florida Department of State"

If you have any questions, please contact the office.

Sincerely,


Linda Hammond
Legal Assistant

/lh
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Technical Pump Service, L.L.C.
(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 Erle Bishop, III
(Name of Person)

Technical Pump Service, L.L.C.
(Firm/Company)

13007 Old Crystal River Road
(Address)

Brooksville, Florida 34601
(City/State and Zip Code)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

James Erle Bishop, III at (352) 279-7439
 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Technical Pump Service, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13007 Old Crystal River Road
Brooksville, Florida 34601

13007 Old Crystal River Road
Brooksville, Florida 34601

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

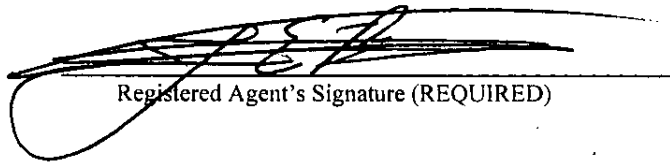
James Erle Bishop, III
Name

13007 Old Crystal River Road
Florida street address (P.O. Box **NOT** acceptable)

Brooksville, FL 34601
City, State, and Zip

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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 608, F.S..


Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Patricia Joyce Bishop _____

13007 Old Crystal River Road _____

Brooksville, Florida 34601 _____

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 STATE OF FLORIDA
 FALLAHASSEE COUNTY

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Patricia Joyce Bishop

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.)

Patricia Joyce Bishop

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)