## 12000156704

(Re	equestor's Name)	
(Ac	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

**Registration Section** 

TO:

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Division of Corporations
SUBJECT: AA Heating and Cooling, LLC 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:
Jason Adam Adkins Name of Person
AA Heating + Cooling IIC From Company
5336 Rocky Creek Load Address
Marianna, 42 32448 City/State and Zip Code
E-mail address: (to be used for future (inqual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
AA Heating and (Must end with the words "Lingited Liabili	d Cooling L.L.C.  ity Company, "L.L.C.)" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
Marianna,	ress (P.O. Box NOT acceptable)  FL 32448  ARE SEE TORRESTARY OF STATE ST

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)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:  Member
MCR	Jason A. Adams  5334 Rocky Creek 2d.  Marianna, FL 32448
	•
	other than the date of filing: (OPTIONA date must be specific and cannot be more than five business day
	IDIF.
REQUIRED SIGNATU	OKE,
Ja	re of a member or an authorized representative of a member.

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)

Typed or printed name of signee