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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

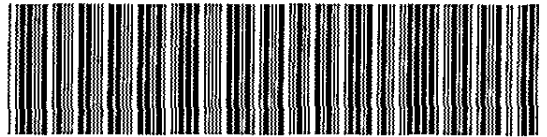
(Business Entity Name)

(Document Number)

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## PUMP CONSULTING & TRAINING, LLC

Joseph R. Askew  
1811 Stonecrest Ct.  
Lakeland, Fl. 33813  
863-644-3118  
863-660-0642 (Cell)

E-mail: [pmpcnslt@tampabay.rr.com](mailto:pmpcnslt@tampabay.rr.com)

*"Objectivity in pump selection, systems, troubleshooting & training"*

February 27, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Per your online instructions for filing the necessary paper work to form a Florida Limited Liability Company, I enclose the following:

1. "Articles of Organization for Florida Limited Liability Company" – one page.
2. Personal check for \$160.00 to cover the necessary filing fees.

The following information was also requested:

Name of LLC -	Pump Consulting & Training, LLC
My personal name -	Joseph R. Askew
Address (Personal & Business) -	1811 Stonecrest Court, Lakeland FL. 33813
Phone (Personal & Business)-	863 – 644 - 3118

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Please do not hesitate to contact me should you require any additional information.

Best regards,



Joseph R. Askew  
Pump Consulting & Training

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Pump Consulting & Training, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1811 Stonecrest Court, Lakeland, Florida, 33813

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

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

Joseph R. Askew

Name

1811 Stonecrest Court

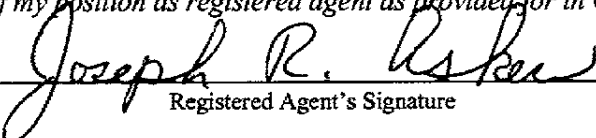
Florida street address (P.O. Box **NOT** acceptable)

Lakeland, Florida, 33813

FL

City, State, and 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 608, F.S.*

  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
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.)

Joseph R. Askew

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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