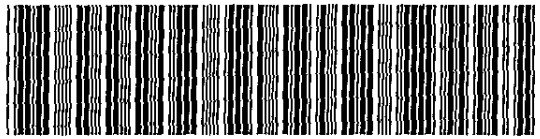


L03000022057

FILED  
03 NOV 12 11:11 AM

CLERK OF STATE  
TALLAHASSEE, FLORIDA



300023754803

10/23/03--01039--012 \*\*160.00

RECEIVED

\_\_\_\_\_  
(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:

003-31542

Office Use Only



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

03 NOV 12 PM 1:11

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

October 28, 2003

THOMAS M. FENLON  
125 S.W. SATSUMA ST.  
KEY STONE HEIGHTS, FL 32656

SUBJECT: ST. JOSEPH'S A/C AND REFRIGERATION  
Ref. Number: W03000031542

We have received your document for ST. JOSEPH'S A/C AND REFRIGERATION and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 603A00058704

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ST. JOSEPH'S A/C AND REFRIGERATION  
(Name of Limited Liability Company)

FILED  
03 NOV 12 PM 1  
TALLAHASSEE, FLA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS M. FENLON  
(Name of Person)

ST. JOSEPH'S A/C AND REFRIGERATION  
(Firm/Company)

125 SW. SATSUMA ST  
(Address)

KEYSTONE HEIGHTS, FL 32656  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS M. FENLON at ( 352 ) 473-8271  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

FILED

03 NOV 12 PM 1:11

STATE  
FLORIDA

LLC

~~SECRET~~

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

**Mailing Address:**

125 SW SATSUMA ST  
KEYSTONE HTS 1617S, FL  
32656

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

Name \_\_\_\_\_

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

City, State, and Zip

Thomas M. Fenlon  
Registered Agent's Signature

Registered Agent's Signature

Page 1 of 2

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

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

FILED

03 NOV 12 PM 1:11  
FLORIDA STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

THOMAS M. FENLON  
125 SW SATSUMA ST  
KEYSTONE HEIGHTS, FL 32656

MGRM

KYLE V. FENLON  
125 SW SATSUMA ST  
KEYSTONE HEIGHTS, FL 32656

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Thomas M. Fenlon  
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.)

THOMAS M. FENLON  
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)