## LU3000025167

(Re	questor's Name)	
(Ad	dress)	
•	·	
	dua a a N	
(Ad	dress)	•
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
/D.()	siness Entity Nar	
{DU	siness Entity Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
r		
Special Instructions to	Filing Officer:	
		Ì
		į
<u> </u>		

Office Use Only



300021267273

U7/10/03--01015--008 \*\*125.00

BX



O3 JUL 10 PM 3: 05
SELL PHASSLE, FLORIDA
TALLENASSLE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

7

Fire-trans Services LLC	OS JIL 10 PH 3: 05
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File
	Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File
	RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy
	Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name
Signature	Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search
Requested by Date Time	Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

Courier\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

~	$o_{z}$
ARTICLE I - Name:	
	ed Liability Company is:
· · · · · · · · · · · · · · · · · · ·	
	FIRETRANS SERVICES, L.L.C.
ARTICLE II - Addre	
ine maning address ar	d street address of the principal office of the Limited Liability Company is
	3412 Clark Road, #228 Sarasota, FL 34231
	***
ARTICLE III - Regis	tered Agent, Registered Office, & Registered Agent's Signature:
The name and the Flor	ida street address of the registered agent are:
	Mathor Bruco
<del></del>	Mathew Bruce Name
	LIMILA
	3412 Clark Road, #228
-	Florida street address (P.O. Box NOT acceptable)
	7. 2/221
<u></u>	Sarasota FL 34231  City, State, and Zip
	City, State, and Zip
liability company at th registered agent and a statutes relating to the	registered agent and to accept service of process for the above stated limited e place designated in this certificate, I hereby accept the appointment as gree to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 608, F.S.
	Registered Agent's Signature
(An a	dditional article must be added if an effective date is requested)
<b>(-</b>	Y /
	Mart Rue
Si	gnature 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.)
i	natine facts stated nereth are true.)
_	Mathew Bruce
	Typed or printed name of signee
	and the second s
	· ·