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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

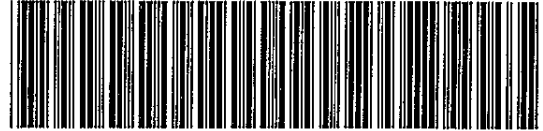
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# **COVER LETTER**

**JEAN-CLAUDE DORSAINVIL  
J-C AIR CONDITIONING, LLC.  
3120 NW 88<sup>TH</sup> AVENUE # 101  
SUNRISE, FL 33351**

**DAYTIME TELEPHONE # 954.572.8956  
ALTERNATE PHONE # 954.242.2415**

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J-C AIR CONDITIONING "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:

JEAN-CLAUDE DORSAINVIL  
(Name of Person)

J-C AIRCONDITIONING "LLC."  
(Firm/Company)

3120 NW 88<sup>th</sup> AVE # 101  
(Address)

SUNRISE, FL 33357  
(City/State and Zip Code)

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For further information concerning this matter, please call:

JEAN-CLAUDE DORSAINVIL at <sup>HOME #</sup> (954) 572-8956 / <sup>CELL #</sup> (954) 242-2415  
(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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J-C AIR CONDITIONING "LLC"

**ARTICLE II - Address:**

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

**Principal Office Address:**

JEAN-CLAUDE DORSAINVIL  
3120 NW 88<sup>th</sup> AVE #101  
SUNRISE, FL 33351

**Mailing Address:**

JEAN-CLAUDE DORSAINVIL  
3120 NW 88<sup>th</sup> AVE #101  
SUNRISE, FL 33351

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

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

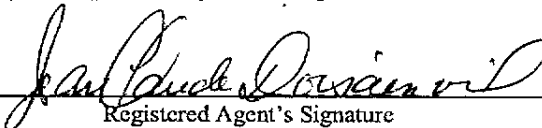
JEAN-CLAUDE DORSAINVIL  
Name

3120 NW 88<sup>th</sup> AVE #101

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

SUNRISE, FLORIDA 33351  
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, Florida Statutes..*

  
Registered Agent's Signature

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**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:**

"MGRM"

JEAN-CLAUDE DORSAINVIL  
3120 NW 88<sup>th</sup> AVE #101  
SUNRISE, FL 33351

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Jean-Claude Dorsainvil*  
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.)

JEAN-CLAUDE DORSAINVIL  
Typed or printed name of signer

**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)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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