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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Comfort Industries, 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:

Douglas W. Dunge
(Name of Person)

Home Comfort Industries LLC
(Firm/Company)

1033 ARRAV ROAD
(Address)

CRAWFORDVILLE, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas W. Dunge at (850) 926-5790
(Name of Person) (Area Code & Daytime Telephone Number)

03 NOV 24 AM 2:47
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Home Comfort Industries, LLC

ARTICLE II - Address:

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

Principal Office Address:

1033 ARAU ROAD
CRAWFORDVILLE FL

Mailing Address:

Same

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

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

Douglas W. Quigg
Name

1033 ARAU ROAD
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE FLORIDA 32327
City, State, and Zip

RECEIVED
JUL 24 2007
STATE
TALLAHASSEE, FLORIDA

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..

Douglas W. Quigg
Registered Agent's Signature

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:

MGR

DOUGLAS W. QUIGG
1033 ARRAH ROAD
CRAWFORDVILLE, FL 32327

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

DOUGLAS W. QUIGG
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.)

DOUGLAS W. QUIGG
Typed or printed name of signer

03 MAY 24 PM 2:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

03 MAY 24 PM 2:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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)