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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

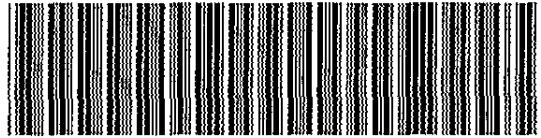
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

1-1-04

12/01/03--01034--029 **125.00

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03 DEC -1 PM 1:27

DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1021

TRANSMITTAL LETTER

EFFECTIVE DATE
1-1-04

TO: Registration Section
Division of Corporations

SUBJECT: Sheffield's Air Condition & Heating Service, 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:

Paul W. Sheffield
(Name of Person)

Sheffield's A/C & Heating
(Firm/Company)

14213 Buckhorn Rd
(Address)

Tall Fl 32312
(City/State and Zip Code)

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03 DEC -1 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Sheffield at (850) 222-7057
(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:

Sheffield Air AC & Heating Service, LLC

EFFECTIVE DATE
1-1-04

ARTICLE II - Address:

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

Principal Office Address:

14213 Buckhorn Rd
Tall FL
32312

Mailing Address:

14213 Buckhorn Rd
Tall FL
32312

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

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

Paul W Sheffield
Name
14213 Buckhorn Rd
Florida street address (P.O. Box NOT acceptable)
Tall FL 32312
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Paul Sheffield

Registered Agent's Signature

(CONTINUED)

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

Paul Sheffield
14213 Buckhorn Rd
Tall Flg 32312

MGRM

Jonathan Mayfield
1582 Bridgeway Tr
Tall Flg 32312

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

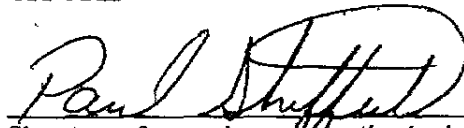
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(Use attachment if necessary) *The Effective date shall be 1-1-04*

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

REQUIRED SIGNATURE:



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.)

Paul Sheffield

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)