

L03 0000 50351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

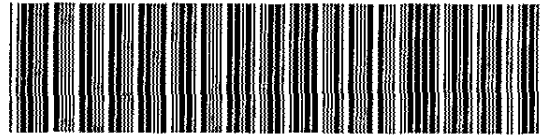
(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DANIEL MANN JR. PLUMBING CONTRACTOR, 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:

DANIEL MANN JR.  
(Name of Person)

DANIEL MANN JR. PLUMBING CONTRACTOR, LLC  
(Firm/Company)

P.O. BOX 619  
(Address)

MIDWAY, FL 32343  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DANIEL MANN JR. at ( 850 ) 504-6070  
(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:

DANIEL MANN JR. PLUMBING CONTRACTOR, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

308 JOYNER ROAD

P.O. BOX 619

MIDWAY, FL 32343

MIDWAY, FL 32343

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

DANIEL MANN JR.

Name

308 JOYNER ROAD

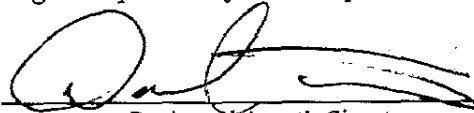
Florida street address (P.O. Box **NOT** acceptable)

MIDWAY

FLORIDA 32343

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:**

MGR

DANIEL MANN JR.

P.O. BOX 619

MIDWAY, FL 32343

MGRM

JUAN EUGENE WILLIAMS SR.

6185 BRADFORDVILLE ROAD

TALLAHASSEE, FL 32309

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**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.)

DANIEL MANN JR.

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)