

L03 0000 51827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

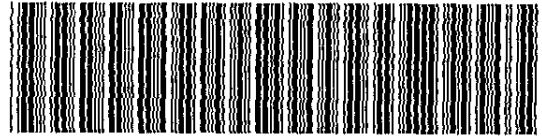
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700025108277

12/04/03--01037--002 **125.00

FILED

03 DEC -4 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRM PLUMBING, 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 R. MAYER
(Name of Person)

PRM PLUMBING, LLC
(Firm/Company)

27293 OLIVER DRIVE,
(Address)

BONITA SPRINGS, FL 34135
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC - 1 AM 11:43

FILED

For further information concerning this matter, please call:

PAUL R MAYER at (239) 949-3093
(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:

PRM PLUMBING, LLC

ARTICLE II - Address:

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

Principal Office Address:

27293 OLIVER DR.

BONITA SPRINGS, FL 34135

Mailing Address:

27293 OLIVER DR.

BONITA SPRINGS, FL 34135

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

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

PAUL R MAYER

Name

27293 OLIVER DRIVE

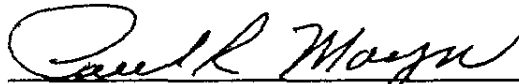
Florida street address (P.O. Box NOT acceptable)

BONITA SPRINGS

FLORIDA 34135

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

FILED
03 DEC - 4 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PAUL R MAYER

27293 OLIVER DR.

BONITA SPRINGS, FL 34135

(Use attachment if necessary)

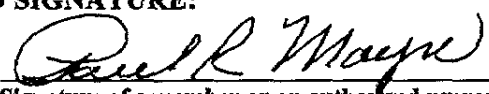
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -4 AM 11:43

FILED

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 R MAYER

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)