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(Requ	uestor's Name))
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PICK-UP		MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
		10/14
	Office Use Or	NIV (MILE)



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12/10/03--01043--026 **125.00

EEFECTIVE DATE

O3 DEC 10 PM 2: 26

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: CLIMATE MASTER, L.L.C.	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	ITE Z
Please return all correspondence concerning this matter to the following:	
Helen Watson	
(Name of Person)	83
A Better Business & Tax Service, Inc.	O3 DEC 10 PM
(Firm/Company)	0 [
600 Goodlette Road N., Ste. 104	10 PM 2
(Address)	N
Naples, Florida 34102	en en
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Helen Watson at (239 263-0829 (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:	EFFECTIVE DATE
CLIMATE MASTER,	L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
210 4th Street NE	210 4th Street NE
Naples, Florida 34120	Naples, Florida 34120
	- <u> </u>
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	ed agent are: ASS &
Charles R. Newell	DEC TO AHASSE
Florida street address (P.O. Box No.	
Naples FL City, State, and Zip	ORIDA 34120

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

Page f of 2 (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	Charles R. Newell, I 210 4th Street NE Naples, Florida 34120	2 '
		e enement
		e me
(Use attachment if pagescary)	03 DEC	
(Use attachment if necessary) ARTICLE V-Commencement of Extra Commencement of Extra Com	xistence to commence on the 12th day	

(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.)

Charles R. Newell, I

Typed or printed name of signee Managing Member

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)