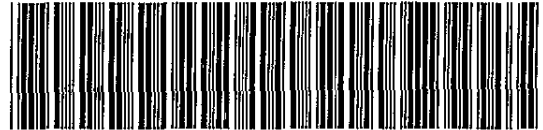


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03 DEC 15 AM 9:28

STATE  
TAMPA, FLORIDA



500025365765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
03 DEC 15 AM 9:28

**SUBJECT:** Langille Plumbing  
(Name of Limited Liability Company)

STATE  
FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin George Langille  
(Name of Person)

Langille Plumbing  
(Firm/Company)

1727 Maryland Ave  
(Address)

Ormond Beach, FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin G. Langille at 386 527-1711  
(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**

FILED  
03 DEC 15 AM  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Langille Plumbing LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1727 Maryland Ave  
Ormond Beach  
FL 32174

**Mailing Address:**

1727 Maryland Ave  
Ormond Beach  
FL 32174

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

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

Martin George Langille  
Name

1727 Maryland Ave,

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

Ormond Beach FLORIDA 32174

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..*

Martin G. Langille  
Registered Agent's Signature

FILED

03 DEC 15 AM 9:28

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

Martin G. Langelle  
1727 Maryland Ave  
Ormond Beach, FL

MGRM

Susan W. Langelle  
418 Andrews St  
Ormond Beach, FL

(Use attachment if necessary)

**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.)

Martin G. Langelle

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)

160.00 Total ck# 11824

12/11/03