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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

* SEMPERFI IS ALL CAPS

TO: Registration Section
Division of Corporations

SUBJECT: SEMPERFI COOLING & HEATING 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:

JOHN G. CARTWRIGHT
(Name of Person)

SEMPERFI COOLING & HEATING LLC
(Firm/Company)

929 SW JOHN MACCORMACK TERR.
(Address)

PORT ST. LUCIE, FL 34953-2312
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN G. CARTWRIGHT at (772) 528-7810
(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

* NOTE: SEMPERFI IS ALL CAPS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEMPERFI COOLING & HEATING LLC

ARTICLE II - Address:

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

Principal Office Address:

929 SW JOHN MAC CORMACK TERR
PORT ST. LUCIE, FL 34953-2312

Mailing Address:

← SAME

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

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

JOHN G. CARTWRIGHT
Name

929 SW JOHN MAC CORMACK TERR
Florida street address (P.O. Box NOT acceptable)

PORT ST LUCIE, FL FLORIDA 34953-2312
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..

John G. Cartwright
Registered Agent's Signature

SECRET
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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

JOHN G. CARTWRIGHT
929 SW JOHN MACCORMACK TERR
PORT ST. LUCIE, FL. 34953

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

JOHN G. CARTWRIGHT
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)