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W04-916



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FALLASSEE, LOUIS

04 JAN 22 AM 9:20

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHERMAN SPRINKLER "L.L.C."
(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:

ALBERT F. SHERMAN
(Name of Person)

SHERMAN SPRINKLER L.L.C.
(Firm/Company)

18 NOTTINGHAM WAY
(Address)

PENSACOLA, FL 32506-4189
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT SHERMAN at (850) 455-7338
(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

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04 JAN 22 AM 9:20
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 8, 2004

ALBERT F. SHERMAN
18 NOTTINGHAM WAY
PENSACOLA, FL 32506-4179

SUBJECT: SHERMAN SPRINKLER L.L.C.
Ref. Number: W04000000916

We have received your document for SHERMAN SPRINKLER L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 404A00001262

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHERMAN SPRINKLER 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:

18 NOTTINGHAM WAY
PENSACOLA, FL. 32506

SAME

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

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

ALBERT F. SHERMAN
Name

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

PENSACOLA, FLORIDA 32506
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 22 AM 9:20

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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..

Albert F. Sherman
Registered Agent's Signature

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

ALBERT F. SHERMAN
18 NOTTINGHAM WAY
PENSACOLA, FL 32506

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Albert F. Sherman
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.)

ALBERT F. SHERMAN
Typed or printed name of signee

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04 JAN 22 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)