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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	: #}
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to I	Filing Officer:	
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TRANSMITTAL LETTER

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TO:

Registration Section Division of Corporations

04 JAN 26 PM 3: 49

SECRETARY OF STATE LLCTALLAHASSEE. FLORIDA SUBJECT: Mandarin Air Conditioning & Heating, (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: William M. Wilson (Name of Person) Mandarin Air Conditioning & Heating, (Firm/Company) 1915-E State Road 13 North (Address) Jacksonville, (City/State and Zip Code)

For further information concerning this matter, please call:

William M. Wilson

(Name of Person)

at (904) 287-1200 (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**

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FLORIDA LIMITED LIABILITY COMPANY4 JAN 26 PM 3: 49

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Mandarin Air Conditioning & Heating, LLC				
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1915-E State Road 13 North	1915-E State Road 13 North			
Jacksonville, Fl 32259	Jacksonville, F1 32259			
	tamakka kerkaran mekebek ana meneran kandida di di mekan meneran dan melandi kerkaran me			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
. <u>William M. Wilson</u> Name	•			
1915-E State Road 1	3 North			
Florida street address (P.O. Box NO	to the second se			
Jacksonville FL City, State, and Zip	ORIDA 32259			
to an armed an ameliator of court and to appear amelian of m	was and four the charge stated limited liability.			

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 1 of 2 (CONTINUED)

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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:

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Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
"MGRM" = Managing Member	William M. Wilson	
	1915_E State Road 13 Jacksonville, F1	3 North 32259
		-
		-
(Use attachment if necessary)		
NOTE: An additional article must be	e added if an effective date is requ	ested.
REQUIRED SIGNATURE:	M. Wilson authorized representative of a member.	
(In accordance with section 608	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	: <u></u>
William M. Wil Typed or pr	son rinted name of signee	. :

Eiling 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)