L04000011877

00789-00623-006071

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Ви	siness Entity Nam	е)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to I	_	<u>.</u>				

Office Use Only

MA-1400



500027609295

01/28/04--01039--016 **125.00

MJH ,

04 FEB 13 PN 3: 44

Roberto J. Suarez

3213 SW 118 ct.

Miami, Fl 33175

305-559-2580



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 4, 2004

ROBERTO J. SUAREZ 3213 SW 118 CT. MIAMI, FL 33175

SUBJECT: FIRE AND ICE AIR CONDITIONING LLC

Ref. Number: W04000004807

We have received your document for FIRE AND ICE AIR CONDITIONING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Letter Number: 804A00007460

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

, ARTICLES OF C	PRGANIZATION FO						
ARTICLE I - Name: The name of the Limited 1			and 3		Air	condi	prinoit
ARTICLE II - Address: The mailing address and s 3213 S: W. W. Miami, FL.	18 00.	incipal offi	ce of the L	imited L	Liability	[,] Company	y is:
ARTICLE III - Register	ed Agent, Registered	Office, &	Registere	d Agent	's Sign	ature:	
The name and the Florida	street address of the re	egistered a	gent are:				
	Roberto 3213 s.w.	2. 2	vare	ح	<u> </u>		-
	3213 S.W.	Name	· ·			-	
	Florida street addres	s (P.O. Box 1	NOT accepta	ble)	<u> </u>		
registered agent and agre statutes relating to the pro accept the obligations of t	oper and complete perf my position as registere CoLL	formance o _j ed agent as	f my duties, provided f	and I a	m famil	iar with an	•
Signa	tional article must be a ture of a member or an a	uthorized re	epresentative	e of a me	mber.	O4 FEB 13 PM 3: 44 STC ASSOCIATION OF THE CONTROL O	
of th that th	is document constitutes an le facts stated herein are tro	affirmation use.)	inder the pen				
	Oberto J. Typed or pr	inted name o	f signee				•
	\$ 25.00 \$ 30.00	0 Filing Fee 0 Designatio 0 Certified C	for Articles n of Registe Copy (Option of Status (C	red Agen nal)			