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(City/State/Zip/Phone #)

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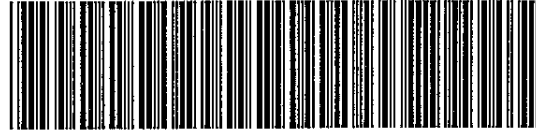
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2004 FEB 16 PM 3:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN FEB 26 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RONALD CARLTON SOARES, PLLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

RONALD CARLTON SOARES  
(Name of Person)

RONALD CARLTON SOARES PLLC  
(Firm/Company)

951 SE WALTERS TERRACE  
(Address)

PORT ST LUCIE FLORIDA 34983  
(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD C. SOARES at (772) 340 1520  
(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

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ronald Carlton Soares Plumbing  
Contractor LLC

**ARTICLE II - Address:**

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

Principal Office Address:

951 SE Walter Ter  
Port St Lucie FL 34983

Mailing Address:

951 SE Walter Ter  
Port St Lucie  
Florida 34983

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

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

Ronald Carlton Soares  
Name  
951 SE Walter Terrace  
Florida street address (P.O. Box **NOT** acceptable)  
Port St Lucie FLORIDA  
City, State, and Zip 34983

*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..*

Ronald C Soares  
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:**

MGR

Ronald C Soares  
951 SE Walter Terrace  
Port St Lucie FL 34989

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Ronald C Soares  
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.)

RONALD C SOARES

Typed or printed name of signer

**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)

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