

Florida Department of State
Division of Corporations
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(((H04000063478 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Allen Roberts Air Conditioning & Refrigeration LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000063478

ARTICLE I - Name

The name of the Limited Liability Company is: **Allen Roberts Air Conditioning & Refrigeration LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

209 Maple

209 Maple

Wewahitchka, FL 32465

Wewahitchka, FL 32465

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

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

William Allen Roberts

Name

2401 W. 9th Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Panama City, FL 32401

(City / State / 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, F.S.

X

Registered Agent's Signature - William Allen Roberts

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ARTICLE IV - Manager(s) or Managing Member(s): H04000063478
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

William Allen Roberts- 2401 W. 9th Street, Panama City, FL 32401

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

William Allen Roberts

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS