

L0400002995

04 APR 20 AM 8:48
TALAHUEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALAHUEE, FLORIDA

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

04 APR 20 AM 9:48

SUBJECT: LARRY'S PUMP SERVICE LLC
(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:

Larry A. Jackson
(Name of Person)

LARRY'S PUMP SERVICE
(Firm/Company)

8012 Baby Farm Road
(Address)

Tallahassee, FL 32310
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Jackson at (850) 575-6775
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

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LARRY'S PUMP SERVICE, 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:

8012 Baby Farm Road

Tallahassee, FL 32310

8012 Baby Farm Road

Tallahassee, FL 32310

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

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

Larry A. Jackson

Name

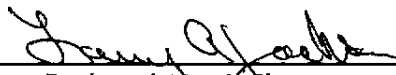
8012 Baby Farm Road

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

Tallahassee, FL 32310

City, State, and 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..



Registered Agent's Signature

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

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Name and Address:

"MGRM" = Managing Member

Tallahassee, FL 32310

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