

LO4 000032787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

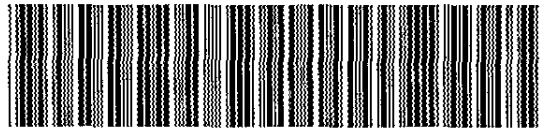
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
04 APR 30 AM 9:07

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04 APR 30 PM 9:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LO4-32787
Re

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BYRD + SON COOLING + HEATING 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:

JAMES BYRD

(Name of Person)

BYRD + SON COOLING + HEATING

(Firm/Company)

7350 BAINBRIDGE HWY

(Address)

QUINCY, FL. 32352

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES BYRD

(Name of Person)

at (850) 510-1889

(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BYRD + SON COOLING + HEATING 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:

7350 BAINBRIDGE HWY

QUINCY, FL 32352

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

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

JAMES BYRD

Name

7350 BAINBRIDGE HWY

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

QUINCY

FL

32352

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.

James Byrd

Registered Agent's Signature

(CONTINUED)

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04 APR 30 4:49 PM '07

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:

MGRM

JAMES BYRD

7350 BAINBRIDGE HWY

QUINCY FL. 32352

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James Byrd

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.)

JAMES BYRD

Typed or printed name of signee

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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TALLAHASSEE, FLORIDA