

L04 0000 49317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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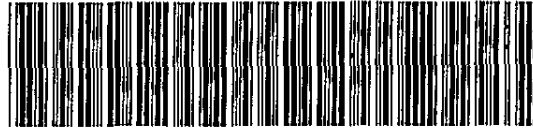
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/04--01012--003 **125.00

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TALLAHASSEE, FLORIDA

Law Offices

CLAYMAN, TAPPER & BARAM, LLC

MARTIN A. CLAYMAN
PAUL LITMAN
JOSEPH M. TAPPER
FRANCIS J. FARRELLY, JR.
JASON Y. GANS*
DAVID A. BARAM
MICHAEL HAFKIN

Three Regency Drive
Bloomfield, Connecticut 06002-2331
Telephone (860) 242-2221
Telecopier (860) 286-0185
www.ctattys.com

New Haven Office
55 Trumbull Street
New Haven, CT 06510-1004
(203) 562-6625

Reply to Bloomfield Office

* ALSO ADMITTED IN MASSACHUSETTS

June 21, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Leak Sensors, LLC

Dear Sir/Madam:

Enclosed please find the following:

1. Original Articles of Organization for Leak Sensors, LLC
2. Our client's check in the amount of \$125.00 for the filing fees for Articles of Organization and Designation of Registered Agent.

Please send a letter of acknowledgment to Attorney Martin A. Clayman, Clayman, Tapper & Baram, LLC Three Regency Drive, Bloomfield, CT 06002.

Very truly yours,


Martin A. Clayman

MAC/MH
Enclosures

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leak Sensors, 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:

Martin A. Clayman, Esq
(Name of Person)

Clayman, Tapper & Baram, LLC
(Firm/Company)

Three Regency Drive
(Address)

Bloomfield, CT 06002
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin A. Clayman at (860) 242-2221
(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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leak Sensors, LLC

ARTICLE II - Address:

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

Principal Office Address:

119 St. Martin Drive

Palm Beach Gardens, FL 33418

Mailing Address:

119 St. Martin Drive

Palm Beach Gardens, FL 33418

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

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

Robert Hurwit

Name

119 St. Martin Drive

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

Palm Beach Gardens, FLORIDA 33418

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, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Robert Hurwit

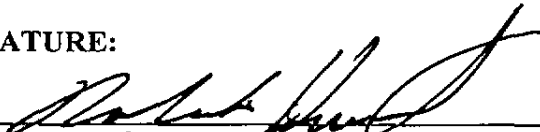
119 St. Martin Drive

Palm Beach Gardens, FL 33418

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Robert Hurwit

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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