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(Requ	uestor's Name)	
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## TRANSMITTAL LETTER

UBJECT:	Jandy Investment Partners, LLC
<u></u>	(Name of Limited Liability Company)
e enclosed Articles of	Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Janine Brunkala
	(Name of Person)
	Air Tech of Central Florida, Inc.
	(Firm/Company)
	134 Live Oak Blvd
	(Address)
	Casselberry, Florida 32707
••	(City/State and Zip Code)
or further information o	oncerning this matter, please call:
Janine Bru	inkalaat (407) 696-9876
Nome	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

Jandy Investment Partners, L	LC	w one a		
ARTICLE II - Address: The mailing address and st	reet address of the princ	cipal office of the Limit	ted Liability Company	y is:
Principal Office Address:		Mailing Addres	ss:	
134 Live Oak Blvd		Same		
Casselberry, Florida 32707				
<del></del>		, <u>.</u> ,		
ARTICLE III - Registere The name and the Florida s			gent's Signature:	
		istered agent are:	gent's Signature:	
	street address of the reg Janine Brunka	istered agent are:	gent's Signature:	
The name and the Florida s	Janine Brunka Name	istered agent are:	gent's Signature:	 Heri <b>y</b>
The name and the Florida s	Janine Brunka Name 134 Live Oak E	istered agent are:	gent's Signature:	I'S I'S
The name and the Florida s	Janine Brunka Name  134 Live Oak E Torida street address (P.O. I	istered agent are:  la  Bivd  Box NOT acceptable)  FLORIDA 32707	gent's Signature:	DIVISION
The name and the Florida s  The name and the Florida s	Janine Brunka Name  134 Live Oak E lorida street address (P.O. I  Casselberry, City, State, and gent and to accept servic this certificate, I hereby r agree to comply with t	istered agent are:  la  Blvd  Box NOT acceptable)  FLORIDA 32707  I Zip  ce of process for the abort accept the appointment the provisions of all statu	ve stated limited liabil as registered agent an ites relating to the proj vations of my positiona	id CORP

Page 1 of 2 (CONTINUED)

## 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 MGR Janine Brunkala 134 Live Oak Blvd Casselberry, FL 32707 MGRM Andrew Brunkala, Jr. 134 Live Oak Blvd Casselberry, FL 32707

(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.)

Andrew Brunkala, Jr.

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)