# 604000081440

2004 NOV -4 P 2: 47
SECRETARY OF STATE (Requestor's Name) AHASSEE, FLORIDA
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### FLORIDA DEPARTMENT OF STATE NOV -4 P 2:47 Glenda E. Hood

Secretary of State

October 27, 2004

SECRETARY OF STATE TALLAHASSEE, FLORIDA

INGO RICHTER 6934 AXELROD WAY WESLEY CHAPEL, FL 33455

SUBJECT: INGO RICHTER INSTALLATIONS

Ref. Number: W04000039571

We have received your document for INGO RICHTER INSTALLATIONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 904A00061933

FILED
The LLC will be SECRETARY OF STATE TALLAHASSEE. FLORIDA
issued to:
INGO RICHTER 6934 afelrod Way Wesley Chapel, Fl 33544
(813) 765-8065 day.
Rease seturn A.S.A.P.
Thank yor.
Ingo Richten

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#### TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

FILED

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average ingo Dichter Installations		2004 NOV -4 P 2:
SUBJECT: ingo Richter Installations (Name of Limite	d Liability Company)	SECRETARY OF STA TALLAHASSEE, FLOR
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Ingo Richter		<del></del>
ę.	Name of Person)	
Ingo Richter Installations		
	Firm/Company)	· · · · · · · · · · · · · · · · · · ·
6934 Axelrod Way		
	(Address)	
Wesley Chapel, Fl. 33455		
(City	/State and Zip Code)	
For further information concerning this matter, please	call:	
Ingo Richter	at ( 813 ) 765 8065	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee,     Certificate of Status &     Certified Copy (additional copy is enclosed)

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

# FILED

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

ADTICEE I Nome	2004 NOV -4 ₽ 2: 47
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ingo Richter Installations L.E.	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6934 Axelrod Way	same
Wesley Chapel, Fl. 33544	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:

Ingo Richter Name 6934 Axelrod Way Florida street address (P.O. Box NOT acceptable) FL 33544 City, State, and Zip Wesley Chapel

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)

Page 1 of 2

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

<u>Title:</u> "MGR" = Mana; "MGRM" = Ma		Name and Address:	FILED
MGR		Ingo Richter	2004 NGV -4 P 2: 47
WON		6934 Axelrod Way	
		Wesley Chapel, FL 33544	TALLAHASSEE, FLORIDA
	<u> </u>		<del> </del>
<u> </u>			
(Use attachment	if necessary)		
NOTE: An add	litional article must be	added if an effective date is re-	quested.
REQUIRED SI	GNATURE:		
	ligo	Ruhtes	
•	Signature of a member or	an authorized representative of a m	ember.
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the exects an affirmation under the penalties of in are true.)	ution perjury
	Ingo Richter		
	Typed	or printed name of signee	<del></del>
Filing Feet	•		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)