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SECRETARY OF STATE

January 3, 2005

Gerald L Bill 4 Rippling Place Palm Coast FL 32164

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject: Articles of Organization for Florida Limited Liability Company

To Whom It May Concern:

Please find enclosed the articles of organization and a check. If you have any questions please contact me at:

Gerald L Bill 4 Rippling Place Palm Coast FL 32164 386-316-4673

Thank you for your time and consideration.

Sincerery

Gerald L Bill

Cc: File

**Enclosures** 

SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>Jerry's Outo &amp; A/C Repair LLC</u> (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:				
Gerald LBill (Name of Person)				
Jerry's Outo & A/C Repair LLC (Firm/Company)				
4 Rippling Place (Address)				
Palm Coast FL 32164 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Gerold LB.11 at (386) 316-4673  (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$160.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$160.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]				
STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations				

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Jerry's Outo? A/C Repair 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:				
4 Rippling Place Palm Coast FL32164 4 Rippling Place Palm Coast FL32				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
Gerald LBIII				
HRippling Place Florida street address (P.O. Box NOT acceptable)				
Palm Coast & FL 32164 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				
Seril Sell Arege In T				
Registered Agent's Signature  (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	Name and Address:
<u>mgr</u>	Gerald LBill 4 Rippling Place Palm Coast FL 32144
(Use attachment if necessary)	
NOTE: An additional article must be a	dded if an effective date is requested.
REQUIRED SIGNATURE:	0.0
So. A	3B:11
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)

Filing Fees:

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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