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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reid Worrel Plumbing, LC (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:
Reid Worvell (Name of Person)
(Name of Person)
Reid Worrell Plumbing, LLC
7461 Old St. Augustine Road (Address)
Tallahassee FL 32311. (City/State and Zip Code)
For further information concerning this matter, please call:
Reid Worvell at PSO 877-7659 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Finchosed is a check for the following amount:
\$125.00 Filing Fee Status S155.00 Filing Fee Status Certificate of Status Certified Copy Certificate of Status Certified Copy

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Certified Copy
(additional copy is enclosed)
(AHARY OF BARY OF Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Reid Worrell Plumbing, 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:
7461 Old St. Augustine Rd 7461 Old St. Augustine Road Tallahassee, Fl 32311 Tallahassee, Fl 32311
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Margaret Worvell
7461 Old St. Augustine Road
Florida street address (P.O. Box NOT acceptable) [alahasee FL FL 3231/ 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
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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" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Reid Worrell 746/018 St. Augustine Road Talphassee, PL 323/
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
	* * ·

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
TAIL AHASSEE FLORIDA

Typed or printed name of signee