

LOS000019967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

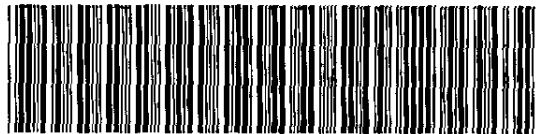
Special Instructions to Filing Officer:

189,2848,071

2/28/05

Office Use Only

WOS-8712



900046453309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 25 PM 4:00

FILED

02/16/05--01019--007 **160.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clifford Buhrow SPRINKLER REPAIR
(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:

C. R. Buhrow
(Name of Person)

Clifford Buhrow Sprinkler Repair
(Firm/Company)

550 Scooter Point
(Address)

Geneva, FL 32732
(City/State and Zip Code)

For further information concerning this matter, please call:

C.R. Buhrow at (407) 349-9365
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 25 PM 4:00

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 18, 2005

C. R. BUHROW
550 SCOOTER PORT
GENEVA, FL 32732

SUBJECT: CLIFFORD BUHROW SPRINKLER SERVICE
Ref. Number: W05000008712

We have received your document for CLIFFORD BUHROW SPRINKLER SERVICE 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 405A00011682

2005 FEB 25 PM 4:00
RECEIVED
CLIFFORD BUHROW
LLC
STATE OF FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clifford Bohrow SPRINKLER SERVICE 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:

550 SCOOTER POINT
GENEVA, 21 32732

SAM

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

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

Clifford Bohrow
Name

550 SCOOTER POINT
Florida street address (P.O. Box **NOT** acceptable)

GENEVA FL 32732
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.

CLB
Registered Agent's Signature

FILED
CLERK OF COURT
STATE OF FLORIDA
JAN 11 2008
PM 4:00

(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:

McM

Clifford Buhrow
550 Scooter Port
Geneva, IL 32732

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

C.B.L.

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.)

C. R. Buhrow

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 25 PM 4:00

FILED

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)