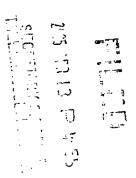
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ONE CALL PLUMBING, LLC (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:			
KEUN C. HAGGERTY (Name of Person)			
DUE CALL PLUMBING, LLC (Firm/Company)			
8426 BRIARLEAF CT			
PORT RICHEY, FL 34668 (City/State and Zip Code)			
For further information concerning this matter, please call:			
KEUIN C. HAGGERTY at (727) 389-4407 (Name of Person) (Area Code & Daytime Telephone Number).			
Enclosed is a check for the following amount:			
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallabassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ONE CALL PL	umbing, 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:
PORT RICHEY, FE	PORT FICHERY, EL

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

8426 BRIBRIAF CT

Florida street address (P.O. Box NOT acceptable)

PORT RICHEY, FL 3468

City, State, and Zip

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

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)

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	REVIN C. HAGGERTY 8426 BRIDRIGHT CT PORT ZICNEY, FL 34668
- ·	-

	-
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	- -
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7/-	C 36, 5
Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)
KEDJN Type	cd or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organi	ization and Designation
of Registered Agent	_ T T
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
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