

LOS 000066052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

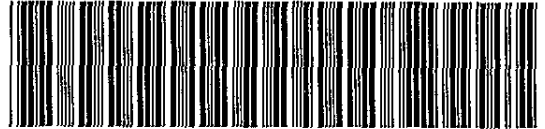
(Business Entity Name)

(Document Number)

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LOS-66052  
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: EDDIES PLUMBING COMPANY L.L.C.**  
(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:

**WILLIAM EDWARD KIDD**

(Name of Person)

**EDDIES PLUMBING COMPANY L.L.C.**

(Firm/Company)

**1554 BROAD STREET**

(Address)

**MASARYKTOWN, FL. 34604**

(City/State/Zip Code)

For further information concerning this matter, please call:

**WILLIAM EDWARD KIDD**

(Name of Person)

at **(352 ) 238-4092**

(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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy (additional<br>copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

EDDIES PLUMBING COMPANY L.L.C.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1554 BROAD ST  
MASARYKTOWN, FL 34604

1554 BROAD ST  
MASARYKTOWN, FL 34604

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

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

WILLIAM EDWARD KIDD

Name

1554 BROAD STREET

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

MASARYKTOWN, FL. 34604

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.*

William Edward Kidd

Registered Agent's Signature

(CONTINUED)

FILED  
JAN 12 2011  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HARRIS, TEXAS

**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:**

**MGR**

WILLIAM EDWARD KIDD  
1554 BROAD STREET  
MASARYKTOWN, FL 34604

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

William Edward Kield

**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.)

WILLIAM EDWARD KIDD

Typed or printed name of signee

**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)**

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