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(Address)

(Address)

(City/State/Zip/Phone #)

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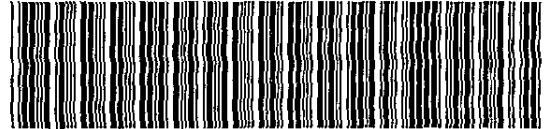
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 18 PM 12:47

N. Culligan AUG 22 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smartvalve NA, 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:

Bernard Winkler

(Name of Person)

Smartvalve NA, LLC

(Firm/Company)

P.O. Box 1428

(Address)

Land O'Lakes, Florida 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

Bernard Winkler

(Name of Person)

at (813)

929-0909

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Smartvalve NA, LLC

ARTICLE II - Address:

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

Principal Office Address:

2355 Raden Drive
Land O'Lakes, Florida 34639

Mailing Address:

P.O. Box 1428
Land O'Lakes, Florida 34639

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

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

Bernard Winkler c/o Smartvalve NA, LLC

Name

2355 Raden Drive

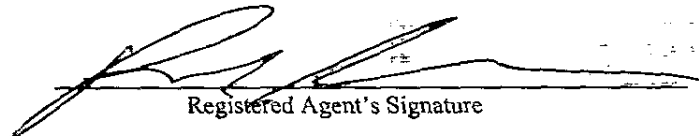
Florida street address (P.O. Box **NOT** acceptable)

Land O'Lakes FL 34639

City, State, and Zip

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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)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Land O Lakes, Florida 34639

Land O Lakes, Florida 34639

REQUIRED SIGNATURE:

(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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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