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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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US/31/US--01020--002 **130.00



105-86234 AC

TRANSMITTAL LETTER

	ion Section of Corporations		
SUBJECT:	Clemmons A	Air Systems LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
<u></u>		oe D. Clemmons	
		(Name of Person)	
	Clemmo	ns Air Systems LLC	
		(Firm/Company)	
	45	15 Bruton Rd.	
		(Address)	
	Pla	nt City, FL 33565	
-	(Cit	y/State and Zip Code)	
For further inform	ation concerning this matter, pleas	e call:	
	nroe D. Clemmons	at (<u>863</u>) 604-6016	
•	(Name of Person)	(Area Code & Daytime To	lephone Number)
Enclosed is a che	eck for the following amount:		75 20
□ \$125.00 Filing	Fee Ø \$130,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & S Certificate of Status & S Certified Copy S (additional copy is professed)
STREET ADDRESS:		MAILING A	,
Registration Section Division of Corporations		Registration Se Division of Co	orporations $\frac{1}{2}$
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Fl	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Clemmons Air Systems 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:
4515 Bruton Rd.	4515 Bruton Rd.
Plant City, FI 33565	Plant City, FI 33565
ARTICLE III - Registered Agent, Restance and the Florida street address	gistered Office, & Registered Agent's Signature: of the registered agent are:
Monroe D. Clemmons	
	Name
4515 Bruton Rd.	
Florida	street address (P.O. Box NOT acceptable)
Plant City, FI 33565 Cit	y, State, and Zip
Having heen named as registered agent	and to accept service of process for the above stated limited

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)

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	Monroe D. Clemmons
	4515 Bruton Rd.
	Plant City, FI 33565
MGRM	Michele I. Clemmons
	4515 Bruton Rd.
	Plant City, FI 33565
······································	
(Use attachment if necessary)
NOTE: An additional artic	cle must be added if an effective date is requested.
REQUIRED SIGNATURE	·
M.	more D. Cleman
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury cts stated herein are true.)
	Monroe D. Clemmons
	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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