

L05000097100

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

9/30

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000232929 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

M. HODGES

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

L05-97100

LIMITED LIABILITY COMPANY

Mitchell Payne's Pumping LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DIVISION OF CORPORATION

05 SEP 30 PM 3:55

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 SEP 30 PM 12:42

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Mitchell Payne's Pumping 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:15734 Daybreeze Drive15734 Daybreeze DriveSpringhill, FL 34610Springhill, FL 34610

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

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

Leslie Payne

Name

15734 Daybreeze Drive(P.O. Box or Mail Drop Box NOT Acceptable)Springhill, FL 34610

(City / State / 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.


Registered Agent's Signature - Leslie Payne

FILED
 05 SEP 30 PM 12:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

H05000232929

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

Title:

Name and Address:

"MGR" = Manager

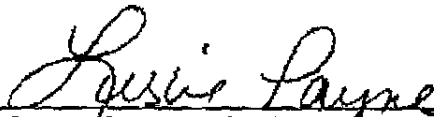
"MGRM" = Managing Member

MGRM

Leslie Payne- 15734 Daybreeze Drive, Springhill, FL 34610

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Leslie Payne

Typed or printed name of signee