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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

*J 12/21***LIMITED LIABILITY COMPANY**

Florida West Coast A/C Service / Repair LLC

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

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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Florida West Coast A/C Service / Repair LLC**

ARTICLE II - Address

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

Principal Office Address:4305 4th Street SWLehigh Acres, FL 33971Mailing Address:4305 4th Street SWLehigh Acres, FL 33971

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

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

Kelly RamjattanName4305 4th Street SW(P.O. Box or Mail Drop Box **NOT** Acceptable)Lehigh Acres, FL 33971(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 - Kelly RamjattanSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Kelly Ramjattan- 4305 4th Street SW, Lehigh Acres, FL 33971

(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.)

Kelly Ramjattan

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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