

LO6000038493

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

4/13/06
JMS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 12 AM 9:57

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CLIMATIZED USI JOINT VENTURE, LLC

RECEIVED

06 APR 12 AM 7:53

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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APR. 12. 2006 3:45PM
APR-12-2006 03:02P FROM:

9242619963

NO. 208 P. 2
TG: 19243598700 P. 2

Fax Audit No.
H06000098327 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Climatized USI Joint Venture, LLC.**

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:
1610 South 8th Street, Fernandina Beach, FL 32034.

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

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

David E. Miller, Jr.
Name
1610 South 8th Street
Florida street address (P.O. Box NOT acceptable)
Fernandina Beach, Florida 32034
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 completed 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.


David E. Miller, Jr.

(An additional article must be added if an effective date is requested)


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.)

David E. Miller, Jr., Member
Typed or printed name of signer

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)

Fax Audit No.
H06000098327 3

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TALLAHASSEE, FLORIDA

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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 : ADOERNO & YOSS, PA
Account Number : 072100000120
Phone : (305)860-7098
Fax Number : (305)460-1422

06 APR 12 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLP REGISTRATION

ASR, LLP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$86.25

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04/12/06 14:13

MAR-29-2006 WED 01:26 PM ADORNO YOSS

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FAX NO. 3058584777

P. 02 040

Pg 1

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of this partnership as identified in the records of the Florida Department of State:
ASR, LLP

Insert partnership's Florida registration number: 60600000804
or

Attach complete Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP

3. The street address of its chief executive office: 17760 N.W. 2nd Avenue, Suite 200
(if different from current recorded address): Miami, Florida 33169

4. The street address of principal office in Florida: Same
(if different from above):

5. The name and Florida street address of the partnership's agent for service of process:

Robinson Seda

17760 N.W. 2nd Avenue, Suite 200

Miami, Florida 33169

6. This partnership hereby elects to be a limited liability partnership.

7. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 29 day of March 2006

Signature of a partner or authorized person: _____

Typed or printed name of person signing above: Robinson Seda

Filing Fee	\$25.00
Certified Copy (Optional):	\$52.50
Certificate of Status (Optional):	\$ 8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 12 AM 9:26

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