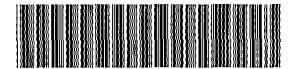
## L060000 44880

206-44880
(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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06 MAY -1 PM 1:52 DIVISION OF CORPORATION

RECEIVED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Porter Plumming Replan 4 Stopage Service (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:
Kenneth H Rocher or (Name of Person)
Porter Pluming Replan 4 Stopage Service
1130 Glenway Dr (Address)
Perry FL 33347 For 20 City/State and Zip Code)
For further information concerning this matter, please call:
Henneth HPorter Sr at (850) 672-1589  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertified Copy (additional copy is enclosed)  S155.00 Filing Fee SCERTIFIED Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kenneth # Rocher 50

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

Octo FL 525°

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	·
"MGRM" = Managing Member	2
m G R M	henneth Horter Tr
	1130 Glenway Dr
	berry FT, 33347
	,
	ALL SEE
•	D7 =
	5577
	To P
	- For 2
	RITE RID
(Use attachment if necessary)	'ট≁
CLE V: Effective date, if other than t	he date of filing: (OPTIONA
effective date is listed, the date must	be specific and cannot be more than five business day
00 days after the date of filing.)	
•	
REQUIRED SIGNATURE:	<del>-</del>
	_
i/	11110 - 6
Kunn	ett H Porter 5
_	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)