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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: ACES DRAIN LLC (Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	BRIAN G. MEEKER (Name of Person)
	ACES DRAIN LLC (Firm/Company)
-	12 PECAN RUN DRIVE
	(Address) OCALA CORIDA 34472 (City/State and Zip Code)
For furth	ner information concerning this matter, please call:
	RIAN G. MERKER at (352) 687-9960 Area Code & Daytime Phone

STREET ADDRESS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ACES DRI	AIN LLC
ARTICLE II - Address: The mailing address and street address of the princip	
Principal Office Address:	Mailing Address:
12 PECAN RUN DRIVE	SAME
12 PECAN RUN DRIVE OCALA, FLORIDA 34472	N
ARTICLE III - Registered Agent, Registered Control The name and the Florida street address of the reg	
BRIAN GI	MEEKER
Name	
	RUN DRIVE
Florida street address (P.O. I	Box NOT acceptable)
OCA LA City, State, as	FLORIDA 34472

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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	BRIAN GI MEEKER 12 PECAN RUN DRIVE QCALA, FLORIDA 34478
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	B. S. M
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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)