## LO 7000092132

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



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## **COVER LETTER**

10:	Division of C							
SUBJE	CT:	IC	CMS, L	LC				
5 <b>C D</b> 0 1.		(Name of Limite	ed Liab	ility Company)				
The end	closed Articles	of Organization and fee(s) are s	submitte	ed for filing.				
Please	return all corres	spondence concerning this matt	er to the	e following:				
			al R. B					
			(Name o	of Person)				
			CMS, L					
			(Firm/C	ompany)				
		2214	1 Topa:	z Lane			<del></del>	
•			(Add	dress)		VLLY SECT	3 180	42.27 PM
		Plant (	City, Fl	33566		HAN.	Ÿ.	ما المالية
•		(City	//State a	nd Zip Code)		33S(		
For furt	ther information	n concerning this matter, please	call:			F SIM	D ii O	C
	Va	l R. Batts	at (	813)	215-4	1779	9	
	(Nan	e of Person)		(Area Code & I	Daytime Teler	hone Number	)	
Enclos	ed is a check t	For the following amount:						
]\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fortified Copy ditional copy is e		\$160.00 Fil Certificate Certified C (additional co	of Stati opy	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	ection orporations ing ve Center Ci	rele		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Installation Commissioning M	lanagement Services - ICMS, LLC
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "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:
2214 Topaz Lane	Same as office
Plant City, FL 33566	
business entity with an active Florida registration.)  The name and the Florida street address of Val  2214  Florida str	f the registered agent are:    R. Batts   Name   Topaz Lane   Topaz La
	State, and Zip
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

**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" = Mana "MGRM" = Ma	ger	ne and Address:		
MGRM		Val R. Batts		
	<del></del>	2214 Topaz Lane		
		Plant City, FL 335	566	
	<u></u>		ZIDI SE SECRE	
			ASSEE, FLOR	
(Use attachment	if necessary)		Dm o	
f an effective date is li or 90 days after the d	Ū,	•	(OPTION n five business d	•
<u>REQUIRED</u> SI	GNATURE:	<b>'</b>		
	laft. Date	<u> </u>		
	Signature of a member or an au	thorized representative of a	member.	
	(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are to	firmation under the penalties o	ecution of perjury	
	Val F	R. Batts		
	Typed or prin	ted name of signee		
Filing Fees	<u>:</u>			

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)