

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Plumbing Acadamey, L.L.C.
(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:

Lionel Gonzalez, Managing Partner
(Name of Person)

Central Florida Plumbing Acadamey, L.L.C. (CFPA)
(Firm/Company)

2119 W. Columbus Drive
(Address)

Tampa, FI 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Lionel Gonzalez, Managing Partner at (813) 251-1980
(Name of Person) (Area Code & Daytime Telephone Number)

07 SEP 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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:

Central Florida Plumbing Acadamey, L.L.C.

(Must end with the words "Limited 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:

2119 W. Columbus Drive
Tampa, Fl 33607

2119 W. Columbus Drive
Tampa, Fl 33607

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:

Lionel Gonzalez, Managing Partner

Name

2119 W. Columbus Drive

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

Tampa, Fl 33607

FL

City, State, and Zip

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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)

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:

MGRM _____	Lionel Gonzalez, Managing Partner
	2119 W. Columbus Drive
	Tampa, Fl 33607
MGRM _____	Henry Gonzalez, Jr.
	2119 W. Columbus Drive
	Tampa, Fl 33607
MGRM _____	Joseph Gonzalez
	2119 W. Columbus Drive
	Tampa, Fl 33607
_____ _____	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Lionel Gonzalez, Managing Partner

Typed or printed name of signee

FILED
 07 SEP 21 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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)