## 08000016673

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Submission Sharp)		
(Document Number)		
Certified Copies Certificates of Status		
0		
Special Instructions to Filing Officer:		
·		

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B. KOHR

FEB 1 5 2008

EXAMINER



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MATIONAL HUNC PRODUCTS, LCC	S PH 1:56
	Art of Inc. File
Signature	Fictitious Owner Search  Vehicle Search  Driving Record
Requested by: 2/15 1/100  Name Date Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

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i	•	ļ .				
י דיכונ		TO OT	ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY THE I-Name: The of the Limited Liability Company is:  ONG   HVAC Products LC  I with the words "Limited Liability Company, "Limited Company" or their abbreviation "LC" or			
Yİ/T			SMOATURATION FOR FRANKS PARKETS PARKET			
	1		LE I - Name:			
;	• • •	The nan	ne of the Limited Liability Company is:			
:	•		anal HVAC Products LLC			
	i	(Must end	with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or			
	i	.   -A DOYC	CLE II - Address;			
			iling address and street address of the principal office of the Limited			
	Liability Company is:					
· ·	1	Princip	pal Office Address: Mailing Address:			
		שבשב	140" Avenue North "Same as"			
Ž.	Ì	Suit	2 1009			
<u> </u>	1	Clea	rwater, Fl. 33762 "			
त्। इ.	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's					
	Signature:					
. سيال	(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.)					
ti k	:	ı (				
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	.	ine na	me and the Florida street address of the registered agent are:			
- A	Christopher Witte					
5	- 1		4585 140 Ave North			
	i		Florida street address (P.O. Box NOT acceptable)			
	t		Clearwater FL 33762			
Ž.	. 1	- 1	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 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

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" = Managers Member	Name and Address:
	MERM	National Cocporate Account Services, Inc. 4505 140th Ave N #1000
1		(Use attachment if necessary)
(OPI	less days prior to or 90 days after	must be specific and cannot be more than five
	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.)  Typed or printed name of signee		
The Month of the Park of the P	S125.00 Filing Fee for Art of Registered Age \$ 30.00 Certified Copy (O \$ 5.00 Certificate of State	ptional)