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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
(Socialistic Hambor)
Certified Copies Certificates of Status
Consideration of the Company
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration (Division of C				
SUB.I	ECT: 20/20	Plumbing			
OULJ	<u> </u>	(Name of Limit	ted Liability Compa	iny)	
The er	nclosed Articles of	of Organization and fee(s) are	submitted for filing	<u>ç</u> .	
Please	return all corresp	pondence concerning this mat	ter to the following	; ;	
	Edward S	hane Jackson			
			(Name of Person)		
	20/20 Plu	mbing			
		· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		
	2380 Dee	erwood Acres			
			(Address)		
	St. Augus	tine, Fla. 32084			
		(Ci	ty/State and Zip Code	;)	
For fu	rther information	concerning this matter, pleas	e call:		
Shane Jackson			_at (_904	797-3156	6
	(Nam	e of Person)	(Area Cod	e & Daytime Tele	phone Number)
Enclo	sed is a check f	or the following amount:			
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exc	ourier Address ion Section of Corporations duilding ecutive Center C see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		·
20/20 Plumbing, LLC.		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
5161 Dobbs Rd. #10	2380 Deerwood Acres Dr	
St. Augustine, Fla. 32084	St. Augustine, Fla. 32084	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an indi-	vidual or another
Edward Shane Jack	son	08 JUN 20 SECRETARIAS
Name	75型 720	
2380 Deerwood Acre		P
	dress (P.O. Box NOT acceptable)	50 7
St. Augustine, Fla. 3	2084	高 至 5
City, State,	and Zip	D'

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 Signatur (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:

<u>Title:</u>		Name and Address:			
"MGR" = Mana "MGRM" = Ma	_				
MGR 、		Edward Shane Jackson			
		2380 Deerwood Acres Dr			
		St. Augustine, Fla. 32084			
·					
		<u></u>			
(Use attachment	if necessary)				
ARTICLE V: Effective	date, if other than the	date of filing:	(OPTIO)	NAL)	
(If an effective date is lis	sted, the date must be	e specific and cannot be more than five b			
to or 90 days after the d	ate of filing.)				
<u>REQUIRED</u> SI	GNATURE:				
	a (1		TAS:	80	casets.
		r or an authorized representative of a member	22		eams b
	_	ction 608.408(3), Florida Statutes, the execution	SS	20	TEXTE SERVICE
	of this document consti	tutes an affirmation under the penalties of perjury		PM 12: 1	
	Edward Shan	·	ES Z	2:	فلحدي
	Ty	ped or printed name of signee	ᅙᇎ	വ	

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)