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EFFECTIVE DATE 1/28/09



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COVER LETTER

TO: Registration S Division of C				
SUBJECT:	_ewis Plum (Name of Limited	bing Repair L. d Liability Company)	L.C.	
The enclosed Articles	of Organization and fee(s) are su	abmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
<u>K</u>	immie Le	Name of Person)	-	
	-ewis Plumbing	Repair LLC Firm/Company)		
9	20 Bainbridge	HWY (Address)		
Q	whey Fla. 32. (City)	ろうと (State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information	n concerning this matter, please o	call:		
Kimmis (Nam	e of Person)	at (<u>850</u>) <u>875 -</u> (Area Code & Daytime Tel	ephone Number)	
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)	Certificate of Status & Certified Copy (additional copy is enclosed)	, s
	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 of Tallahassee, FL 32301	HASSER Circle	FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
920 Bambridge Hwy Quincy, Fla. 92352 Quincy, Fla. 32352
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:
- Kimmie Lewis Name
920 Balmbridge Florida street address (P.O. Box NOT acceptable)
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)
SEE. FLOR
(CONTINUED)
EFFECTIVE DATE 1/28/09 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:

"MGRM" = Mai	ger naging Member	Name and Address:
MCRI	J	Kimmie Lewis 920 Bainbridge Quincy Fla. 32352
/I Iaa attaalamaant	(C	
	date, if other than the	e date of filing: \(\frac{1/28/09}{2800}\). (OPTIONAL)
ICLE V: Effective n effective date is	date, if other than the	e date of filing: 1/28/09. (OPTIONAL) to be specific and cannot be more than five business day
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