

Feb 19 2009

Division of Corporations

LETTER X

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W09000016778

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : DORAL CORPORATE FILING SERVICE  
Account Number : I20070000081  
Phone : (305) 436-0979  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PREFERRED HYDRALIC SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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FEB 20 2009

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/19/2009

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09 FEB 19 AM 10:00  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREFERRED HYDRAULIC SOLUTIONS, LLC.

(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:**11205 S.W. 152 TERRACE  
MIAMI, FLORIDA 33157**Mailing Address:**11205 S.W. 152 TERRACE  
MIAMI, FLORIDA 33157**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:

CALEB DELGADO

Name

11205 S.W. 152 TERRACEFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33157

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.*

x Caleb Delgado

Registered Agent's Signature (REQUIRED)

CALEB DELGADO

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:**MGRMCALEB DELGADO11205 S.W. 152 TERRACEMIAMI, FLORIDA 33157

(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.)

CALEB DELGADO

Typed or printed name of signer

**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)

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