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(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Busiless Chuty Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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B. KOHR

FEB 2 3 2009

EXAMINER

09 FEB 18 AH ID: 45
SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	orporations		
SUBJECT: Omeg	Ja Valve Company L (Name of Limi	LC ted Liability Company)	
	of Organization and fee(s) are	-	
	pondence concerning this mat O. Brown III	tter to the following:	7.09
01103101). DIOWII III	(Name of Person)	EB
Omega V	alve Company LLC		18 AH IO: LO
		(Firm/Company)	Frig. H
112 Fairw	vay Blvd. Unit 309		OF F
		(Address)	D. F.
Panama (City Beach, FL. 32		š., s
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Chester O. Bro	own III	at (850) 819-8437	
(Name of Person)		(Area Code & Daytime Teleph	-
Enclosed is a check f	or the following amount:	E-Mail +63WP@	yanoo, Carr
	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	cle 3-2003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	,	
Omega Valve Company LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
112 Fairway Blvd. Unit 309	112 Fairway Blvd. Unit 309	
Panama City Beach, FL. 32407	Panama City Beach, FL. 32407	
	nit 309 ress (P.O. Box NOT acceptable)	
Panama City Beach,	FL. 32407	
City, State, and	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S	

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Chester O. Brown III
	112 Fairway Blvd. Unit 309
	Panama City Beach, FL. 32407
MGRM	Chester O. Brown IV
	112 Fairway Blvd. Unit 309
	Panama City Beach, FL. 32407
	•
	-
	
(Use attachment if necessary)	
OT TITLE DOC 11 11 10 11 11	A L. AND CONTINUES
CLE V: Effective date, if other than	
rrective date is listed, the date int days after the date of filing.)	ust be specific and cannot be more than five business days pric
o days after the date of ming.	
REQUIRED SIGNATURE:	
	O. Brown Its

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.)

Chester O. Brown III

Typed or printed name of signee

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)