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(Ro	equestor's Name)			
(Ad	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·		
PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·		
(Do	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only

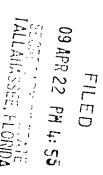


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B. KOHR APR 2 3 2009

EXAMINER



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:Gi	9 Jim's	Dlumbing ted Liability Company)	LIC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	James T. 1	(Name of Person)	09 APR 2
			2 P
		(Firm/Company)	20 F.
	Conover	Avenue	SEE SE
		(Address)	
Seloo	stian 1 F	ty/State and Zip Code)	
	(Cı	ty/State and Zip Code)	
For further information co	oncerning this matter, pleas	se call:	
James 15 (Name o	f Person	at (TZ) 599 (Area Code & Daytime Tele	phone Number)
Enclosed is a check for	the following amount:		
S125.00 Filing Fee	<u> </u>	S155.00 Filing Fee & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 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: Florida street address (P.O. Box NOT acceptable)

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)

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 (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:** ature 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

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)