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(Requestor's Name)

(Address)

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(Business Entity Name)

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2009 MAY -6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY -7 2009
EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB and GP Air conditioning
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lencol Meteyer
(Name of Person)

ATI Career Training Center
(Firm/Company)

3501 NW 9th Ave
(Address)

Oakland Park FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Lencol meteyer at (954) 599-9075
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AB and GP Air Conditioning LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

736 NE 36 St
OAKLAND PARK FL 33334

Mailing Address:

736 NE 36 St
OAKLAND PARK, FL 33334

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Lencol Meteyer
Name

120 NW 2nd Ave #B
Florida street address (P.O. Box NOT acceptable)

Hallandale FL 33009
City, State, and Zip

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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..

Lencol Meteyer
Registered Agent's Signature

(CONTINUED)

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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:

2009 MAY -6 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Alejandro Buitrago
736 NE 36 St
Oakland Park FL 33334

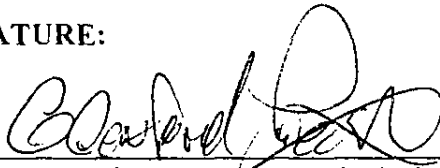
MGRM

Glenford Peck
410 South Park Rd #303
Hollywood FL 33021

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Glenford Peck

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)