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|                           | _ Certificate:   | s of Status                           |
| Special Instructions to F | Filing Officer:  | JNT                                   |
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June 15, 2010

PAUL J. CACCIATORE 15014 REDCLIFF DRIVE TAMAP, FL 33625

SUBJECT: CACCIATORE HEATING & COOLING

Ref. Number: W10000028533

We have received your document for CACCIATORE HEATING & COOLING and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 110A00014785

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER.LETTER**

|             | Registration S<br>Division of Co |   |   |  |
|-------------|----------------------------------|---|---|--|
| SUBJEC      | T: (                             | CACCIATORE HOM  | eniloss & enite   |  |
|             |                                  | Name of Limit   | ed Liability Company  |  |
| The enclo   | sed Articles o                   | of Organization and fee(s) are  | submitted for filing.   |  |
| Please ret  | urn all corresp                  | pondence concerning this matt   | er to the following:  |  |
|             |                                  | Paul J.   | CACCIA+OCE Name of Person   |  |
|             |                                  |   | Name of Person  |  |
|             |                                  | Cacciatore  | Heating & cooling   | <u> </u>   |
|             |                                  | 15014 Redcliff  | Drive   | T5. 20   |
|             |                                  |   | Address   | 3  |
|             |                                  | Tampa, FL   | 33625   | LEANASSI   |
|             |                                  | Cit   | y/State and Zip Code  |  |
|             |                                  | thecoolteam   | 2 801.com   | 다음 <b>P</b>  |
|             |                                  | E-mail address: (to be used f   | or future annual report notification)   | 3: @<br>-07A15   |
| For further | er information                   | concerning this matter, please  | e call:   | PH 3: 06   |
| ~~~         | 201 2.                           | STOKA i SAC   | at (  | دلو  |
|             | Name                             | of Person   | Area Code & Daytime Telep   | hone Number  |
| Enclosed    | l is a check fo                  | or the following amount:  |   |  |
| □\$125.00   | Filing Fee                       | \$130.00 Filing Fee & Certificate of Status   | ■\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 | ircle  |

Tallahassee, FL 32301

## 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, "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:  Mailing Address:  |  |  |  |  |
| A,bbsh VICEL<br>V7, AgmaT<br>260288 | 10. P.O. Box 340765 TAMPA, FL 33694-0765 TAMPA, FL 33694-0765  |  |  |  |  |
| 785                                 | 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:   |  |  |  |  |
|                                     | Name Part I  |  |  |  |  |
|                                     | 15014 Redchies Oc.  Florida street address (P.O. Box NOT acceptable)   |  |  |  |  |
|                                     | TAMPA FL 33685   |  |  |  |  |
|                                     | 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 |  |  |  |  |
|                                     |  |  |  |  |  |

(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" = Manag<br>"MGRM" = Man                              |  |  |                     |                  |
| MGR  | <u> </u>   | Paul J. CACCIAtor  |                     |                  |
|  |  | 15014 Redelies Or.   |                     |                  |
| uesu   | <del></del> -  | Dorenda J. CARCIAL   |                     |                  |
|  |  | 15014 Fedeliff Or  |                     |                  |
|  |  |  | F. 29               |                  |
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| (Use attachment  | if necessary)  |  |                     |                  |
|  |  | te of filing:  |                     |                  |
| (If an effective date is lis<br>to or 90 days after the da |  | pecific and cannot be more than fiv  | e business days pri | or               |
|  |  |  |                     |                  |
| REQUIRED SIG   | GNATURE:   |  |                     |                  |
|  | Pare   | ( Landous )  |                     |                  |
|  | Signature of a member or   | r an authorized representative of a mem  | ber.                |                  |
|  | (In accordance with section of this document constitute that the facts stated herein | n 608.408(3), Florida Statutes, the executions an affirmation under the penalties of perare true.) | on<br>jury          |                  |
|  | Pros J.  | or printed name of signee  | <u>.</u>            |                  |
|  | Typed  | or printed name or 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)