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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |

Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 JUL 22 AMII:

COVER LETTER

| TO: Registration S Division of Co | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Th | L Tanking and Dalamains | | |
| SUBJECT: Inerma | I Testing and Balancing Name of Limit | ded Liability Company | |
| | | | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | oondence concerning this mat | ter to the following: | |
| Benjamin G. | O'Connor | | |
| | | Name of Person | |
| Thermal Test | ing and Balancing | | |
| | | Firm/Company | |
| 2141 21st Av | enue North | | |
| | | Address | |
| Saint Petersb | urg, Florida, 33713 | | |
| - · · · · · · · · · · · · · · · · · · · | Cit | y/State and Zip Code | |
| bgo98@hotm | | | |
| •••• | E-mail address: (to be used | for future annual report notification) | |
| For further information | concerning this matter, please | e call: | |
| Benjamin O'Conno | r | at (727) 638-5469 | |
| Name | of Person | Area Code & Daytime Telepho | one Number |
| Enclosed is a check for | or the following amount: | | |
| ☑\$125.00 Filing Fee | □\$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 | ile |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | ny is: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Thermal Testing and Balancing, LL | C. |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| he mailing address and street address of t | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2141 21st Avenue North | 2141 21st Avenue North |
| Saint Petersburg, Florida | Saint Petersburg, Florida |
| 33713 | 33713 |
| | the registered agent are: |
| The name and the Florida street address of Benjamin G. O'Conno | <u> </u> |
| Benjamin G. O'Conno | <u> </u> |
| Benjamin G. O'Conno | or Name |
| Benjamin G. O'Conno 2141 21st Avenue No | or Name |
| Benjamin G. O'Conno 2141 21st Avenue No | or Name orth |
| Benjamin G. O'Conno 2141 21st Avenue No Florida stre Saint Petersburg, | or Name orth eet address (P.O. Box <u>NOT</u> acceptable) |
| Benjamin G. O'Conno 2141 21st Avenue No Florida stre Saint Petersburg, Ci Having been named as registered agent and liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and complete | or Name orth eet address (P.O. Box <u>NOT</u> acceptable) FL 33713 |

(CONTINUED)
Page 1 of 2

FILED

10 JUL 22 AM II: 41

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| "MGRM" = Managing Member | Name and Address: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| MGR | Benjamin G. O'Connor |
| | 2141 21st Avenue North |
| | Saint Petersburg, Florida, 33713 |
| | |
| | |
| | |
| | |
| | • |
| | |
| | |
| LE V: Effective date, if other than t fective date is listed, the date mus | the date of filing: (OPTIONA t be specific and cannot be more than five business da |
| (Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | the date of filing: (OPTION). The the specific and cannot be more than five business da |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | the date of filing: (OPTION. It be specific and cannot be more than five business da M. D. Lomeran authorized representative of a member. |

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)

Typed or printed name of signee