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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

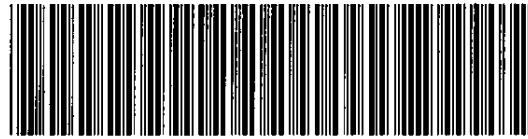
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/16/10--01019--017 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 PM 4:35

B. KOHR

SEP 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2010

MICHAEL RIVERA
1654 DESTINY BLVD., UNIT #201
KISSIMMEE, FL 34741

SUBJECT: MIKE'S A.C. SERVICES, LLC
Ref. Number: W10000043965

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We have received your document for MIKE'S A.C. SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is MIKE'S A/C SERVICES LLC -- Document Number L05000002743.

Please note that we will apply your \$160.00 payment to your resubmitted filing.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 410A00022246

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mike's HVAC Services, LLC

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:

Michael Rivera

Name of Person

Mike's HVAC Services, LLC

Firm/Company

1654 Destiny Blvd Unit #201

Address

Kissimmee, FL 34741

City/State and Zip Code

michaelrivera26@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn H. Sonoda

Name of Person

at (407) 256-9691

Area Code & Daytime Telephone Number

Enclosed is a check for 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,
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 Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
10 SEP 27 PM 4:35

*Resubmitted
filing -
Please find
attached
letter.*

Ref. # W10000043965

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mike's HVAC Services, LLC

(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:

1654 Destiny Blvd

Unit 8-201

Kissimmee, FL 34741

Mailing Address:

1654 Destiny Blvd

Unit 8-201

Kissimmee, FL 34741

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:

Michael A. Rivera

Name

1654 Destiny Blvd Unit 8-201

Florida street address (P.O. Box **NOT** acceptable)

Kissimmee

FL 34741

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Nanette Rivera

1654 Destiny Blvd Unit 8-201

Kissimmee, FL 34741

MGRM

Michael A Rivera

1654 Destiny Blvd Unit 8-201

Kissimmee, FL 34741

(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:



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.)

Michael A Rivera

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)