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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

A. LUNT

OCT 19 2010

EXAMINER

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10/15/10--01007--029 **155.00



COVER LETTER

Division of Corpo			
SUBJECT:	DUNSFORD HEATING & AIR LLC		
	Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
	Judy M. DUNSFORD	_	
	Drunsford Heating & Ave UC	_	
	POBOX 164	- 17s 21	
	century FU 37635	EERETAR LLAHASS	
	City/State and Zip Code MGD ON COM E-mail address: (to be used for future annual report notification)	5 AM	
For further information con	ncerning this matter, please call:	9: 56 ORIDA	<u>ت</u>
Judy Name of P	M. Dursford at (859, 256-4201		
Enclosed is a check for the	Call accing a great state.		
□\$25.00 Filing Fee ₱125	(additional copy is enclosed) Certified	ate of Status &	osed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE TELESON ON ON THE TELESON OF THE TELESON OF THE TELESON ON THE TELESON OF THE	ANDA LIMITED LIABILITI COM ANT
ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
	ty Company, "L.L.C.," or "LLC.") FEID #27-3608457 incipal office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
2780 Hwy 168 <u>Century to 32535</u> 850/250-4201	P.O. BOX 164 Century Fr 32535 950/261-4706
ADDICUE HE Desirement A and Desirement	Office & Degistered Agent's Signature
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registatusiness entity with an active Florida registration.)	

The name and the Flo	rida street address of the registered agent are:	2010 TALL	
	Judy M. Dunsford	ER 8	نوبات
	Name	TARY ASSE	
	2780 Hwy 168	SEE L	
	Florida street address (P.O. Box NOT acceptable)		
_	Century FL 32535	9: 56 ORIDA	
	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

\$125 filing fle

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Judy Dunsford 2780 Hwy 168
merm	Richard W. Dunsford 2780 Huy 168 Century Fr 32535
	SECRITOR OF
(Use attachment if necessary)	ASSE FLO
RTICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: Nov. 1, 2019 (OP NAL) e specific and cannot be more than five business days pr

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)