

#L 10000129445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

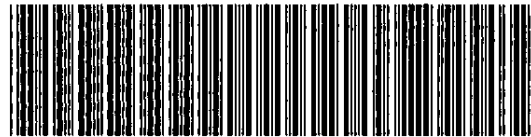
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/14/10--01020--007 \*\*130.00

FILED  
10 DEC 17 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. BALLY  
EXAMINER  
DEC 20 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2010

ALLEN BLAKE LAW  
4243 BEE RIDGE ROAD  
SARASOTA, FL 34233

SUBJECT: HVAC RECLAIM AND SCRAPPING, LLC.  
Ref. Number: W10000057954

We have received your document for HVAC RECLAIM AND SCRAPPING, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 110A00029015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HVAC RECLAIM AND SCRAPPING, LLC.**

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

Please return all correspondence concerning this matter to the following:

Name of Person : ALLEN M. BLAKE, ESQ

Firm/Company : ALLEN BLAKE LAW

Address 4243 BEE RIDGE ROAD

City/State/Zip SARASOTA, FL 34233

E-mail address: al@allenblakelaw.com

For further information concerning this matter, please call:

Name of Person GEORGE PARSELLS

Area Code & Daytime Telephone Number (941) 322-2158

Enclosed is a check for the following amount:

**\$130.00 FILING FEE & CERTIFICATE OF STATUS**

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HVAC RECLAIM AND SCRAPPING, LLC**

FILED  
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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

GEORGE PARSELLS, OWNER/OPERATOR

14045 Mossy Hammock Lane  
Myakka, FL 34241

Same As Principal Office

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

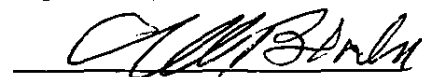
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALLEN M. BLAKE, ESQ.  
ALLEN BLAKE LAW  
4243 BEE RIDGE ROAD  
SARASOTA, FL 34233  
(941) 554-8014

*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)**

**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" = Manager

GEORGE PARSELLS, OWNER/OPERATOR  
14045 Mossy Hammock Lane  
Myakka, FL 34251

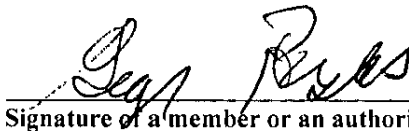
"MGRM" = Managing Member

JANET PARSELLS  
14045 Mossy Hammock Lane  
Myakka, FL 34251

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/13/2010 (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. 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.)

GEORGE PARSELLS

\_\_\_\_\_  
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)**