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C. LEWIS

MAR 7 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
, subject. Aldrich	Air Conditioning	g L.L.C	
SUBJECT.	Name of Limite	ed Liability Company	
The enclosed Articles of 6	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
Gregory L	. Aldrich	Name of Person	
Aldrich Air	Conditioning L.	L.C	
		Firm/Company	
6188 E. Tu	udor Street		_
		Address	
Inverness F	L. 34452		
	Cit	y/State and Zip Code	
aldrichaircon	ditioning@yahoo.co	or future annual report notification	·
For further information or	oncerning this matter, please		:
For further information ec	meering this matter, prease		
Gregory L. Aldrich		at (352) 400-681	
Name of	`Person	Area Code & Daytime To	elephone 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Aldrich Air Conditioning L.L.	.C	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
6188 E. Tudor Street	6188 E. Tudor Street	
Inverness FL. 34452	Inverness FL. 34452	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	s Signature: vidual or another
The name and the Florida street address of t	he registered agent are:	ZÓI Jáli
Gregory L. Aldrich		2011 MAR – SECREJAF ALLAHAS
Na	ame	SA S
6188 E. Tudor	Street	
Florida stree	t address (P.O. Box NOT acceptable)	

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..

FL 34452 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Inverness

(CONTINUED)

FILED

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

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

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATES FALLEAHASSEE: FLORIDA
MGR	Gregory L. Aldrich 6188 E. Tudor Street Inverness FL. 34452	
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: 1 APTV 2011. (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.)

Gregory L. Aldrich

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)