L11000033182

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
. (Bı	isiness Entity Nam	e)
, (Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
DI 000015803		
Office Use Only		



200191979102

03/17/11--01002--002 **125.00

FILING CANCELLED RETURNED CHECK

HILED

11 MAR 17 PH 2: 15

SEGRETARY OF STATE
IALLAHASSEE, FLORIDA

D. BRUCE

MAR 18 2011

EXAMINER

EFFECTIVE DATE 03/10/11

COVER LETTER

TO:

Registration Section

Division of Corporations houllal A.C.A, EN GINTERing SERVIGE, L.C. te of Limited Liability Company 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: For further information concerning this matter, please call: 954 Enclosed is a check for the following amount: \$125.00 Filing Fee \$\infty\$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is anclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVID ME Chanical HCR ENGINEERING SERVICE, L.L.C.")

(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:	<u>Mailing Address:</u>	
5910 NW 16 pl #2 Sun RISE FL 33313	5910 NW/6 X#2 SUNRISE FL 33313	

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:

David Phothony JR
Name
S910 NW16 MHZ Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
SUMPISE FL 337/3
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

FILED

11 MAR 17 PM 2: 15

LALLAHASSEE, FLORIE

EFFECTIVE DATE 03/10/11

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	DAVID ANTHONY SE 5910 NW 1690 #2 Sun RISE FL 33313
	
(Use attachment if necessary)	EIN#80-0690212
ARTICLE V: Effective date, if other than the date of filing.) ARTICLE V: Effective date, if other than the date of filing.)	ate of filing: 63 /10/80//. (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a	An thon 4 M SSER I I I I I I I I I I I I I I I I I I I
Filing Fees:	STATE OF STA
\$125.00 Filing Fee for Articles of Organic of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	zation and Designation