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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

SALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	T: Roger's Irrigation Repair L.L. C. Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
_	Keger GARRETT Name of Person
	Rogen's Insigntion Repair
***	24211 Adain Ave FEE = TI
_	Sorrento F/32116 City/State and Zip Code
	Twth dist 43 all con E-mail address: (to be used for future annual report notification) Fig. 72 Fig. 73 Fig. 74 Fig. 74 Fig. 75 Fig
For furth	er information concerning this matter, please call:
Rog	Name of Person at (407) 744-4699 Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
]\$125.00	Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{c ccccccccccccccccccccccccccccccccccc
	Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2011

ROGER GARRETT ROGER'S IRRIGATION REPAIR L.L.C. 24217 ADAIR AVE SORRENTO. FL 32776

SUBJECT: ROGER'S IRRIGATION REPAIR L.L.C.

Ref. Number: W11000030707



We have received your document for ROGER'S IRRIGATION REPAIR L.L.C. and your check(s) totaling \$130.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is 3L03000049443, ROGER'S IRRIGATION & REPAIR, LLC.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00013737

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H JUNIO PH 2: 52
SECRETARY OF STATE
FAILAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ne:
WINTERCRIP I - MA	***

The name of the Limited Liability Company is:

Regens Tangation By Roger L. L.C. (Must end with the words "Limited Liability Company, R.C. 9. E. ...)

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

24211 Adain Ave	24211 Adain Ave
Sonnento	registered agent are:
City, i	State, and Exp

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:

Name and Address:
Rosen GAMMETT 24211 Adain Ave Somento F1 32176
DORAGATO FT 32116
Dec -
- CE AR
HASS
mo ?
2: 52 STATE FLORID
date of filing: (OPTIONAL)
e specific and cannot be more than five business days

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)