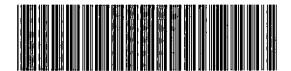
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Effective Date &-/-//

07/14/11--01019--021 \*\*125.00

FILED 2011 JUL 14 AM 8:4 SECRETARY OF STATE

# **COVER LETTER**

Registration Section Division of Corporations

TO:

<sub>SURIECT</sub> . Leedi	ng Edge Mechar	nical Services, LLC.	
Sebster.		ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
Paul Tap	pouni	•	
		Name of Person	
Leeding	Edge Mechanica	l Services, LLC.	
		Firm/Company	
1319 W.	Carmen St.		
<del></del>		Address	, , , , , , , , , , , , , , , , , , , ,
Tampa, FL			2011 JUL SECRETA TALLAHAS
		ty/State and Zip Code	KHA!
ptappounic	lemechanical.com	for future annual report notification)	
For further information	concerning this matter, pleas		AM 8: 4 OF STATE E. FLORIC
Paul Tappouni		at ( 813 ) 235-5996	RIDA
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Tampa

Leeding Edge Mechanical Services, LLC.

(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Sales unit rived affice of the Limited Liebility Company ice
the mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1319 W. Carmen St.	1319 W. Carmen St.
Tampa, FL 33606	Tampa, FL 33606
	- ALL
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signafure own Registered Agent. You must designate an individual or more than the second of the second o
The name and the Florida street address	<u> </u>
Sharon Tappour	i ORID
	Name
474 Bosphor	ous Ave
Florida	street 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..

City, State, and Zip

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:

"MGR" = Manager "MGRM" = Managing Mer	nber
MGR	Paul Tappouni 1319 W. Carmen St. Tampa, FL 33606
	SECRETA TALLAHA!
	SEE FLORI
(Use attachment if necessar	y)
	er than the date of filing: August 1, 2011 . (OPTIONA te must be specific and cannot be more than five business day (.)

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.)

Paul Tappouni

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)