

L12000005719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

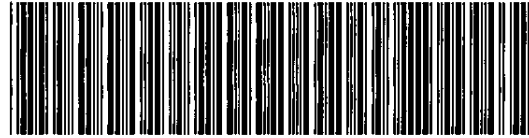
Special Instructions to Filing Officer:

L. SELLERS

JAN 12 2012

EXAMINER

Office Use Only



800217653938

01/10/12--01017--014 **125.00

FILED
12 JAN 10 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



John T. Driscoll, P.A.

Certified Public Accountant / MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

January 4, 2012

**Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for:

CLIMATE CHANGER AIR CONDITIONING LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee \$ 125.00

Total \$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

**John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471**

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION
FOR
CLIMATE CHANGER AIR CONDITIONING LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

CLIMATE CHANGER AIR CONDITIONING LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**3005 NE 49TH STREET, APT 1/2
OCALA, FLORIDA 34479**

ARTICLE III. - REGISTERED AGENT

**KEVIN J MCTIERNAN
3005 NE 49TH STREET, APT 1/2
OCALA, FLORIDA 34479**

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..

Signature


KEVIN J MCTIERNAN

Registered Agent

Date

1/9/2012

ARTICLE IV. - MANAGING MEMBERS

KEVIN J MCTIERNAN
3005 NE 49TH STREET, APT 1/2
OCALA, FLORIDA 34479

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **JANUARY 5, 2012**

Signature 
KEYIN J MCTIERNAN
MGRM

Date 1/9/2012

FILED
12 JAN 10 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA