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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

T. CLINE

MAY - 2 2012

**EXAMINER** 

## **COVER LETTER**

•	TO: Registration Section Division of Corporations
•	SUBJECT: A Pro Plumb LLC 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:
	Kenneth G. Wilder Name of Person
	A Pro Plumb, LLC
	P.O. Box 941874
	Maitland, FL 32794
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
	For further information concerning this matter, please call:    Lenneth G. Wilder at ( 401 ) 383-1767   The Name of Person   Area Code & Daytime Telephone Number   Total
	Enclosed is a check for the following amount:
<b>₩</b>	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
A Pro Plun	ah LLC
	ability 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:	Mailing Address:
2824 Woodside Ave Winter Park, FL 32789	P.D. Box 941784 Maitland, FL 32794
The name and the Florida street address of the Kenneth Nar 2824 M	G. Wilder  Me  Voodside Ave  address (P.O. Box NOT acceptable)
liability company at the place designated in registered agent and agree to act in this capac	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent' Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.,

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Kenneth G. Wilder P.O. Box 941874
	Mai Hand, FL 32794
(Use attachment if necessary)	
	date of filing: April 30, 20/2 (OPTIONAL)
(If an effective date is listed, the date must be	e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE;	Y-1 VSSEE
	A FISS
Signature of a membe	r or an authorized representative of a member 300 8
(In accordance with section 608 constitutes an affirmation under 1 am aware that any false inform	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
<u>/</u>	cnneth G. Wilder ped 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)