## L12000091682

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codifical Conics Codificates of Clatics
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



300237194433

07/13/12--01017--013 \*\*155.00

42 JUL 13 AM II: 29
SECRETARY OF STATE

C. LEWIS

JUL 16 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WALLER MECHANICAL 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:
WARREN LEE WALLER Name of Person
WALLER MECHANICAL LLC Firm/Company
8210 LAKE SAN CARIOS CIR
Ft. MYERS, FL. 33967 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WARREN WALLER at (Z39) Z40-3078  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
WALLER MECHANICA (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
\$210 LAKE SAN CARIOS CIR Ft. MYEILS , FL 33967	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
WARREN WA Name	LLER MGR.
Florida street addi	n CARlos CIR. PLOPES (P.O. Box NOT acceptable)
Ft. MYERS City, State	FL 33467 te, 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

The name and address of each l	Manager or Managing Member is as follows:
<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Managing Member(s):  Manager or Managing Member is as follows:  Name and Address:  SECRETARY OF FALLAHASSEE, I
MGR	WARREN LEE WALE 820 LAKE SAN CARIOS F1. MYERS, FL 33967
• ,	
EV: Effective date, if other the	an the date of filing: <u>7-9-12</u> . (OPTIO
E V: Effective date, if other the ective date is listed, the date in lays after the date of filing.)  EEQUIRED SIGNATURE:	
ective date is listed, the date many after the date of filing.)  REQUIRED SIGNATURE:  Signature of a many false constitutes an affirmation I am aware that any false constitutes a third degree.	wast be specific and cannot be more than five business

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)