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EXAMINER

COVER LETTER

TO: 'Registration Section **Division of Corporations**

PANHANDLE PRESSURE SOLUTIONS, 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:

George Bass		
	Name of Person	
PANHANDLE PRESSI	URE SOLUTIONS, L	LC
	Firm/Company	
PO Box 1810		
	Address	
Lynn Haven, FL 32444		
	ity/State and Zip Code	
ppsrepair@knology.net	for future annual report notification)	
For further information concerning this matter, pleas	•	AECAE L
George Bass	at (850) 596-9248	SSE 23
Name of Person Enclosed is a check for the following amount: \$\sqrt{\$125.00}\$ Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Area Code & Daytime Telephone \$155.00 Filing Fee & \$16 Certified Copy Certified Copy (additional copy is enclosed)	Number 50.00 Filing Fee, ratificate of Status & ratified Copy ditional copy is enclosed)
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PANHANDLE PRESSURE SOLUTIONS, LLC

(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited L	iability Compa	ny is:
Principal Office Address:	Mailing Address:		
2435 Jenks Avenue	PO Box 1810		
Panama City, FL 32405	Lynn Haven, FL 32444		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an indiv	's Signature: vidual or another	
The name and the Florida street address	s of the registered agent are:		
George Bass			
	Name		
2622 Ferol	Lane		
Florida	street address (P.O. Box NOT acceptable)		
Lynn Haven, FL	. 32444 _{FI}		
	City, State, and Zip		
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the ated in this certificate, I hereby accept the capacity. I further agree to comply with aplete performance of my duties, and I am as registered agent as provided for in C	he appointment h the provisions m familiar with	as of all and
Registered Agei	S. Ban t's Signature (REQUIRED)	SECRETAINA	
(C	ONTINUED)	23 SSE SSE	Paris v
F	age 1 of 2	E F SH	

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 Member	Name and Address:
MGRM	George Bass
	2622 Ferol Lane
	Lynn Haven, FL 32444
MGRM	Denise Bass
·	2622 Ferol Lane
	Lynn Haven, FL 32444
	
	e date of filing: 08/01/2012 (OPTIONAL) se specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	e specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document enter the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of States are provided for in s.817.155. F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may false information under I am aware that any false information constitutes a third degree felonger.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of States by as provided for in s.817.155, F.S.)
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