Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone : (305)552-5973

Fax Number

: (305)220-1440

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FLORIDA LIMITED LIABILITY CO. RIGHT TOUCH PLUMBING LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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OCT - 3 2012 T. HAMPTON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO)MPAI	NY
ARTICLE I - Name: The name of the Limited Liability Company is:		
RIGHT TOUCH PLUMBING LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	- .	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Compa	ny is:
Principal Office Address: Mailing Address:		
14218 SW 17 ST.	_	
Miami FL 33175	_	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)	ture:	
The name and the Florida street address of the registered agent are: ASTELLANOS		
Name		
14218 SW 11 ST		
Florida street address (P.O. Box NOT acceptable) Miami FL 33175 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above.	stated li	maltad
liability company at the place designated in this certificate, I hereby accept the apportune registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter	intment ovisions iar with	as of all and
True me Declare	12 (DIVIS
Registered Agent's Signature (REQUIRED)	12 OCT	
(CONTINUED)	- 2 -	ACC AC
Page 1 of 2	AM 5: C	FORATI

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Typed or printed name of signee

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SECRETARY OF STATE OIVISION OF CORPORATIONS