(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT 3 0 2012

COVER LETTER

TO: **Registration Section Division of Corporations**

Bull Shark Properties LLC

SUBJECT:
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:
Michael Necaise
Name of Person
Pinnacle Plumbing Inc
Firm/Company
1056 SW 1st Way
Address
Deerfield Beach, Florida 33441
City/State and Zip Code
mike@pinnacleplumbinginc.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Necaise at (954) 325-8250
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{Certificate of Status} \] \$130.00 Filing Fee & Certificate of Status \text{Certified Copy} (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Matthew Address Charles Address Address

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Bull Shark Properties 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 Company is:

Principal Office Address: Mailing Address: Pinnacle Plumbing Inc Pinnacle Plumbing Inc 1056 SW 1st Way 1056 SW 1st Way Deerfield Beach, Florida 33441 Deerfield Beach, Florida 33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Necaise

Name

Lakeview Lerrace

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL 33431 City, State, 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

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	mber
/IGR	Michael Necaise
	661 Lakeview Terrace
	Boca Raton, Florida 33431
	Dood Nation, Florida Oo To I
	
(Use attachment if necessar	y)
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CLE V: Effective date, if other	er than the date of filing: (OPTIO)
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CLE V: Effective date, if other fective date is listed, the date of days after the date of filing SEQUIRED SIGNATUR Signature (In accordance with constitutes an affirm	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.) E: Of a member or an authorized representative of a member.

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)

Typed or printed name of signee