

L13000059865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

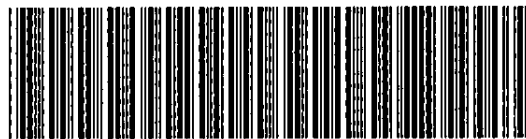
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13 MAR 26 PM 4:09

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2013 APR 23 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W13-18118

APR 24 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
13 APR 23 PM 3:41

March 28, 2013

PENSON LAW FIRM

SUBJECT: PREMIER HUMIDITY CONTROL, LLC
Ref. Number: W13000018118

We have received your document for PREMIER HUMIDITY CONTROL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 313A00007380

2013 APR 23 AM 10:54

FILED

See attached -
CHS

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Penson Law Firm
Requester's Name

1435 E. Piedmont Dr. Suite 101
Address

Tallahassee, FL 32308
City/State/Zip

561-8000
Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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2013 APR 23 AM 10:54
CLERK OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT

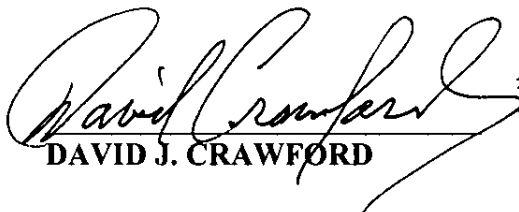
BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared David J. Crawford ("Affiant"), who depose(s) and say(s) under penalties of perjury that:

1. This affidavit is made with regard to the pending filing of the following limited liability company:

PREMIER HUMIDITY CONTROL, LLC

2. Affiant is also the incorporator and duly elected President of the corporate entity known as PREMIER HUMIDITY CONTROL, INC. previously filed with the Florida Secretary of State, Division of Corporations on May 9, 2012.

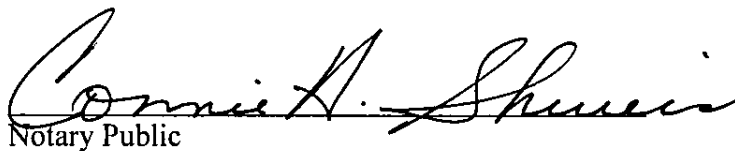
FUTHER, AFFIANT sayeth naught.


DAVID J. CRAWFORD

**STATE OF FLORIDA
COUNTY OF LEON**

BEFORE ME personally appeared David J. Crawford who is [] personally known to me, or who has [x] presented Fl. Driver license as identification, who executed the foregoing document on behalf of the aforesaid entity.

Bed **WITNESS** my hand and official seal in the county and state last aforesaid this day of April, 2013.


Notary Public

(SEAL)

2013 APR 23 AM 10:54
CLERK OF SUPERIOR COURT
LEON COUNTY FLORIDA

FILED

ARTICLES OF ORGANIZATION
PREMIER HUMIDITY CONTROL, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

PREMIER HUMIDITY CONTROL, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

2123 Jenette Street
Tallahassee, Florida 32308

4. **Mailing Address.** The mailing address of the limited liability company is:

2123 Jenette Street
Tallahassee, Florida 32308

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

David J. Crawford
2123 Jenette Street
Tallahassee, Florida 32308

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

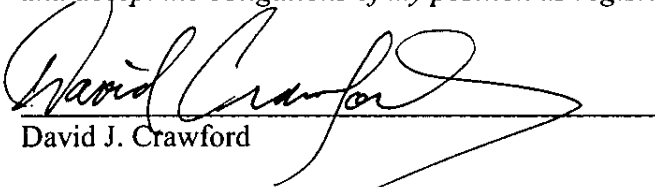
7. **Management.** Management of the Limited Liability Company at the time of formation is by Managing Member appointed by the Member(s). If more than one Managing Member is appointed, either Managing Member shall have authority to act on behalf of the Company.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

David J. Crawford
2123 Jenette Street
Tallahassee, Florida 32308

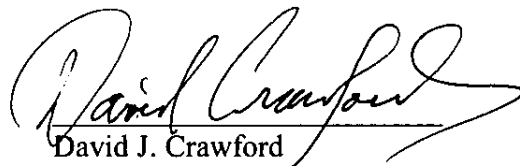
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CLERK OF CIRCUIT
JUDICIAL
TALLAHASSEE, FLORIDA

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.


David J. Crawford

9. **Effective Date.** The effective date of the limited liability company shall be:

March 26, 2013


David J. Crawford

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

FILED
2013 APR 23 AM 10:54
CLERK OF STATE
TALLAHASSEE FLORIDA