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(Cit	y/State/Zip/Phone	#)
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SCORETYRY OF STATE,
ALLAHASSEETE ORINA

AUG 0 9 2013 D. BRUCE (850) 245-6051.

## **COVER LETTER**

TO:	Registration Section
	Division of Corporation
	<u> </u>

SUBJECT: Tanja Bay Plumbers Februation Services
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:

Name of Person	
Tampa Bay Plumbers Education Se	ruices
3116 W. Burke 57	- <del> </del>
Tampa, FL 33614	WIE -8
City/State and Zip Code	men To
E-mail address: (to be used for future annual report notification)	
urther information concerning this matter, please call:	5 m

Enclosed is a check for the following amount:

Name of Person

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Area Code & Daytime Telephone Number

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Tampa Bay Plumbers Education Services 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:
31/6 W. Durke ST Same TrA, FL 33614
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:  Lion L. Gon Lall  Name  3116 W. Bucks ST  Florida street address (P.O. Box NOT acceptable)  Tanpa FL 33614  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

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = : "MGRM"	Manager = Managing Memb	Name and Address:
Manag	ser	Lionel R. 6012akz 3116 W. Burks ST TPA, FC 33614
	<del></del>	
	nment if necessary)	
LE V: Eff ffective da or 90 days	ective date, if other ate is listed, the date of f	than the date of filing: (OPTIONAL te must be specific and cannot be more than five business filing.)
LE V: Eff ffective da or 90 days	ective date, if other ite is listed, the date of factor of the date of the date.	than the date of filing:
LE V: Eff ffective da or 90 days	ective date, if other ite is listed, the date of factor is after the date of factor is	than the date of filing:
LE V: Eff ffective da or 90 days	ective date, if other ite is listed, the date of factor is after the date of factor is	than the date of filing: (OPTIONAL te must be specific and cannot be more than five business filing.)  a member or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution of this document is ion under the penalties of perjury that the facts stated herein are five. Is information submitted in a document to the Department of State.