

Fax sent by :

4567891

API

10-25-13 01:11

Pg: 1/4

October 25, 2013

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 01-01-14

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

FLORIDA LIMITED LIABILITY CO.

Millennium Plumbing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

13 OCT 25 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA
TALLAHASSEE, FLORIDA

2013 OCT 25 AM 8:44

Electronic Filing Menu Corporate Filing Menu

B. BOSTICK
Help
OCT 28 2013
EXAMINER

Fax sent by : 9545673401

API

10-25-13 01:38a Pg: 4/4

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October 25, 2013

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Jeffrey Sivals
1502 SE 10th Avenue
Deerfield Beach, FL 33428
561-674-7727

October 11, 2013

Division of Corporations

SUBJECT: Relinquishment of the use of "Millennium Plumbing, LLC"

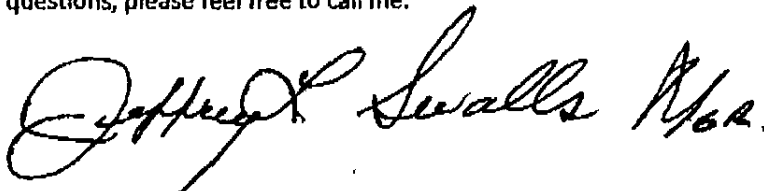
Dear Sir:

Please accept this letter that I no longer will be using Millennium Plumbing, LLC, document number: L06000090317. This company has dissolved due to non payment. Please allow Fabio Silva to register with this name.

If you have any questions, please feel free to call me.

Thank you.

Jeffrey Sivals
Manager

Handwritten signature of Jeffrey Sivals in black ink.

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Millennium 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 Company is:

Principal Office Address:

11133 Model Circle East

Boca Raton, FL 33428

Mailing Address:

11133 Model Circle East

Boca Raton, FL 33428

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:

Fabio Silva

Name

11133 Model Circle East

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

Boca Raton

FL

33428

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)

2013 OCT 25 AM 8:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

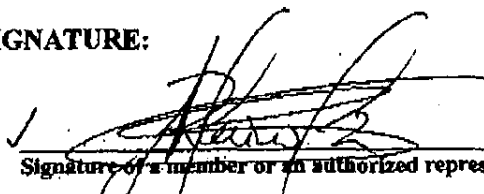
Fabio Silva

11133 Model Circle East

Boca Raton, FL 33428

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-2014 (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.)

Fabio Silva

Typed or printed name of signee

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)

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