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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: St J Plumbing LLC 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:
160 160 160
John Wayne Earman Name of Person
Name of Person
S+JP/umbing LLC. Firm/Company
Firm/Company
3022 Pinetue St
Address
Winter Haven, 71. 33884 City/State and Zip Code Strutter 55/2 AOL. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
_ Strutter 55/2 AOL com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Earman at 863 968-31/3
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
07422376 (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The some of the Limited Liability Compenses	StJ Plumbing A
Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
SAMe	3022 Pincher ST. Winter Havon, FC 33884
The name and the Florida street address of the real of the street address of the real of the street address of	s its own Registered Agent. You must designate an individual or egistered agent are: Here Farman Name Netree St. (P.O. Box NOT acceptable)
the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and access	accept service of process for the above stated limited liability company at eby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance ept the obligations of my position as registered agent as provided for in Chapter 605, F.S Chapter 605, F.S Chapter 605, F.S Chapter 605, F.S

(CONTINUED)

Page 1 of 2

L 1114,	nd Address:		
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