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SECRLIAGE F. FLORIDA

FEB 2 8 2014

T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Central Florida Mechanical Servic</u> Name of Li	ce LLC mited Liability Company	
The en	nclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Mary-Rose Murray	Name of Person	
	Central Florida Mechanical Service	Eirm/Company	
	932 N County Road 13	Address	···
	Orlando Florida 32820	City/State and Zip Code	
<u>br</u>	netzier1@cfi.rr.com E-mail address: (to be use	d for future annual report notifice	stion)
For fu	ther information concerning this matter, ple	ase call:	
Brian	J Metzler at (4 Name of Person	407) 223-6957 Area Code Daytime Te	lephone Number
	ed is a check for the following amount: 00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

ARTICLE I - Na	me.		
	imited Liability Company is:		FEB 27
ne mane or the L	annica macinity Company is.		
Central Florida I	Mechanical Service LLC		
	(Must end with the words "Lim	ted Liability Company, "L.L.C.," or "LLC	2.")
A DOMESTICAL A	3.3		差点
ARTICLE II - A		al office of the Limited Liability Company	· in
ne manng addre	ss and succi address of the princip	if office of the Limited Liability Company	18:
	Address.	Mailing Address:	
rincipal Office	Adul Cos.	Whithing Iswait con-	
			
232 N County R Orlando FL 328 ARTICLE III - R	oad 13 20 Registered Agent, Registered Offi	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature:	
The Limited Liab	oad 13 20 Registered Agent, Registered Offi	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature: wn Registered Agent. You must designate	an individual or
932 N County R Orlando FL 328; ARTICLE III - R The Limited Liab	oad 13 20 Registered Agent, Registered Officility Company cannot serve as its o	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.)	an individual or
932 N County R Orlando FL 328; ARTICLE III - R The Limited Liab	coad 13 20 Registered Agent, Registered Officility Company cannot serve as its centity with an active Florida registr	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.)	an individual or
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OS2 N County R Orlando FL 328 ARTICLE III - R The Limited Liab	cad 13 20 Registered Agent, Registered Officility Company cannot serve as its centity with an active Florida registr Florida street address of the registe Mary-Rose Murray	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.) red agent are:	an individual or
OS2 N County R Orlando FL 328 ARTICLE III - R The Limited Liab	coad 13 20 Registered Agent, Registered Officility Company cannot serve as its centity with an active Florida registre Florida street address of the registe Mary-Rose Murray No. 932 N County Road 13	932 N County Road 13 Orlando Fi. 32820 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.) red agent are:	an individual or

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 605, F.S..

Maur Lose Munay
Registered Agent's Signature (BEQUIRED)

(CONTINUED)

Page 1 of 2

Itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR - Manager	Mary-Rose Murray
MON	932 N County Road 13
	Orlando FL 32820
	Chanco I E 32020
AMBR	Brian J. Metzler
J. C.	932 N Count Road 13
	Orlando FL 32820

and the second of the second o	
V: Effective date, if other than the date true date is listed, the date must be sp	of filing: March 1, 2014
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V: Effective date, if other than the date extive date is listed, the date must be sp. filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or Method mber or an authorized representative of a member.
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V: Effective date, if other than the date extive date is listed, the date must be sp. filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmatio	ecific and cannot be more than five business days prior to or which the period of a member of a member of the period of the per
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V: Effective date, if other than the date stive date is listed, the date must be sp filing.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	existic and cannot be more than five business days prior to or

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