# L14000047957

(1	Requestor's Name)
(,	Address)
(.	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
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# **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Pco Plus Name of Li	mited Liah Day Company	
The enclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this r	natter to the following:	
	David R. S	Name of Person	
{	Pro Plumbi	Aa, LLC (Jirm/Company	
	457 E. G	Acy Rd.	
_ba	ikeland, FL	3380 \City/State and Zip Code	
Pro	Plumbar 1 @ E-mail address: to be use	Tampabay. reed for future annual report notification	ation)
For further information	on concerning this matter, ple	ease call:	
Teresa	Snith at (	863   602-08 Area Code   Daytime Te	Sq6 Jephone Number
Enclosed is a check for	or the following amount:		
\$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)
Ma	siling Address	Street/Courier Add	race

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pro Plumb (Must end with the words ")	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
INGT F GON Pd.	1467 F Gard Rd	
12501	THE TOTAL CO.	
ARTICLE III - Registered Agent, Registered 6	Office, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or istration.)	2014
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg	ts own Registered Agent. You must designate an individual or istration.)	2014 NAI
(The Limited Liability Company cannot serve as another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or istration.)	2014 NAR 1
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg	is own Registered Agent. You must designate an individual or istration.)  istered agent are:	2014 HAR 18
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg  Tecesa  1457 E. Go	is own Registered Agent. You must designate an individual or istration.)  istered agent are:	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg  Tecesa  1457 E. Go	is own Registered Agent. You must designate an individual or istration.)  istered agent are:  K. Smith  Name  Rd.	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Owner	David R. Smith
	1457 C Gary Rd.
	LANGIAND FL 33001
M6R	Teresa K Smith
	1957 E GACY RA.
	Taske tand   FC Soper
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
(Use attachment if necessary)	
EV: Effective date, if other than the d	ate of filing: (OPTIONAL)
E V: Effective date, if other than the decrive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
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E V: Effective date, if other than the detective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	specific and cannot be more than five business days prior to or 90 days at
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E V: Effective date, if other than the directive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)