114000107227

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	itatus
Special Instructions to Filing Officer:	

Office Use Only



500261777795

07/07/14--01026--007 **125.00

14 JUL -7 PM L: LS

L Busch William Zilly

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Leeward Plum Name of Li	mited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	n all correspondence concerning this n	natter to the following:	
	Lee	Thomas Name of Person	
-		A Plumbing LL Firm/Company	<u>C</u>
	111 Pe	arl Avenue Address	
	Tave leeward p	City/State and Zip Code Jumbing Q Yaho d for future and ual report notifica	20.com
For further i	nformation concerning this matter, ple		
Lee	Name of Person at (305) 509-365 Area Code Daytime Tel	5 O lephone Number
Enclosed is	a check for the following amount:		
3 \$125.00 Fili	ing 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leeward Plumb	oina LLC
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
111 Pearl Avenue Tavernier, Fl 33070	111 Pearl Avenue Tavernier, Fl 33070
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Lee T	egistered Agent. You must designate an individual or gent are:
Florida street address (P.O. Box I	NOT acceptable) FL 33070 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Lee Thomas III Pearl Avenue Tavernice, F1 33070 Felicia Thomas III Pearl Avenue Tavernice, F1 33070 (OPTIONAL) F. annot be more than five business days prior to or
Felicia Thomas III Pearl Avenue Taxerniar, Fl 33070 (OPTIONAL) F. annot be more than five business days priorito of
OPTIONAL) F
(OPTIONAL) =
. (OPTIONAL) The annot be more than five business days prior to or
. (OPTIONAL) The annot be more than five business days prior to or
. (OPTIONAL) The annot be more than five business days prior to or
. (OPTIONAL) The annot be more than five business days prior to or
annot be more than five business days prior to or
annot be more than five business days prior to or
-
authorized representative of a member.
b), Florida Statutes, the execution of this document ies of perjury that the facts stated herein are true.
nitted in a document to the Department of State ed for in s.817.155, F.S.)
Thomas
orinted name of signee

ARTICLE IV-