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SECRETARY OF SIAIL BIVISION OF CORPORATION

AUG 2 2 2014 J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Bitzer and Sons. LLC  Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this re	natter to the following:	
	Peter B. Bitzer III	Name of Person	
		Firm/Company	
	488 W. Highbanks Rd.	Address	
	DeBary, FL 32713	City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notifica	tion)
For fu	rther information concerning this matter, ple	ease call:	
<u>Peter</u>	B. Bitzer, III at (  Name of Person	561 ) 376-6064 Area Code Daytime Tel	ephone Number
_	sed is a check for the following amount:  00 Filing Fee \$\times\$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 Addle Registration Section Division of Corporate Clifton Building 2661 Executive Centrallahassee, FL 3230	ions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bitzer and Sons, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Bitzer and Sons, LLC 488 W. Highbanks Rd DeBary, FL 32713	Bitzer and Sons, LLC 488 W. Highbanks Rd. DeBary, FL 32713
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Peter B. Bitzer, III Name	
488 W. Highbanks Rd. Florida street address (P.O. Box I	NOT acceptable)
DeBary	FL 32713
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance eatings of my position as registered agent as provided for in a fact of the proper agent as provided for in the fact of the proper agent as provided for in the fact of the proper agent as provided for in the fact of the proper agent as provided for in the fact of the proper agent as provided for in the proper agent agent as provided for in the proper agent
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FILED STATE SECRETARY OF STATE TO PERSON OF CORPORATIONS

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mgr	Peter B. Bitzer, III  488 W. Highbanks Rd.  DeBary, FL 32713
(Use attachment if necessary)	
EV: Effective date, if other than the	date of filing: (OPTIONAL)
fective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 o
fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 o
REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	e specific and cannot be more than five business days prior to or 90 c
REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized-representance of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Zer.      Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Peter B. Bit	a member or an authorized representance of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Zer.      Typed or printed name of signee  Filing Fees: f Organization and Designation of Registered Agent al)