

L15000027521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

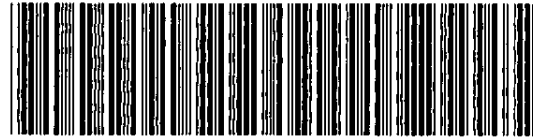
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2014

LARRY TRONU II
3701 N PACE BLVD
PENSACOLA, FL 32505

SUBJECT: TRONU MECHANICAL LLC
Ref. Number: W14000075476

We have received your document for TRONU MECHANICAL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00026896

TRONU MECHANICAL, LLC
3701 NORTH PACE BOULEVARD
PENSACOLA, FLORIDA 32505

December 8, 2014

Registration Section Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Forming LLC

Dear Sir or Madam

Attached is the form I downloaded from the State website on forming a LLC company. I have attached a check for \$130.00 for filing fee and Certification of Status. Please return an acknowledgment letter to me at the above address.

Sincerely,



Larry M. Tronu, II

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tronu Mechanical, 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:

Larry M. Tronu, II
Name of Person

Tronu Mechanical, LLC.
Firm/Company

3701 North Pace Blvd
Address

Pensacola, Florida 32505
City/State and Zip Code

TronuMechanicalLLC@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry M. Tronu, II at (850) 554-9220
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tronu Mechanical, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3701 North Pace Blvd
Pensacola, Florida 32505

3701 North Pace Blvd.
Pensacola, Florida 32505

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Larry M. Tronu, II
Name

7025 Boo Lane
Florida street address (P.O. Box **NOT** acceptable)

Pensacola, FL Florida 32526
City 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..

Larry M. Tronu, II
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR - AMBR

Name and Address:

Larry M. Tronu, II

7025 Boo Lane

Pensacola, Florida 32526

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Larry M. Tronu, II

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Larry M. Tronu, II

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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