

L160000050186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

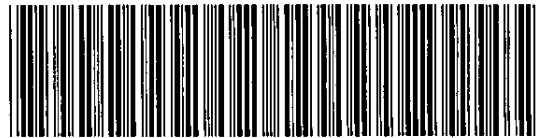
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100283234821

03/15/16--01002--004 **155.00

RECEIVED
16 MAR 14 PM 3:59
NOTARY PUBLIC
T. A. SCHROEDER
SECRETARY OF FINANCE

FILED
16 MAR 14 PM 5:01
SECRETARY OF STATE
T. A. SCHROEDER

MAR 14 2016

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SINK PRESSURE PRO, LLC

Signature _____

Requested by: SETH

03/14/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ✓ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
FOR
SINK PRESSURE PRO, LLC**

A Florida Limited Liability Company

The undersigned, SINK PRESSURE PRO, LLC (the "Company"), desiring to form a limited liability company under the Florida Limited Liability Company Act, codified as Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization of such Company.

ARTICLE I

NAME

The name of the limited liability company is SINK PRESSURE PRO, LLC.

ARTICLE II

MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is 1083 Bel Lido Drive, Highland Beach, Florida 33487.

ARTICLE III

REGISTERED AGENT AND OFFICE

The name and street address of the Company's initial registered agent in Florida is Jonathan J. Lichtman, P.A., 20283 State Road 7, Suite 300, Boca Raton, Florida 33498.

ARTICLE IV

DURATION

The period of duration for the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State unless earlier terminated by the unanimous written agreement of all Members.

FILED
SECRETARY OF STATE
16 MAR 14 PM 5:01

ARTICLE V

MANAGEMENT

The Company is to be managed by its Managers. The person who will serve as Manager until the first annual meeting of Members or until her successor is elected and qualified is:

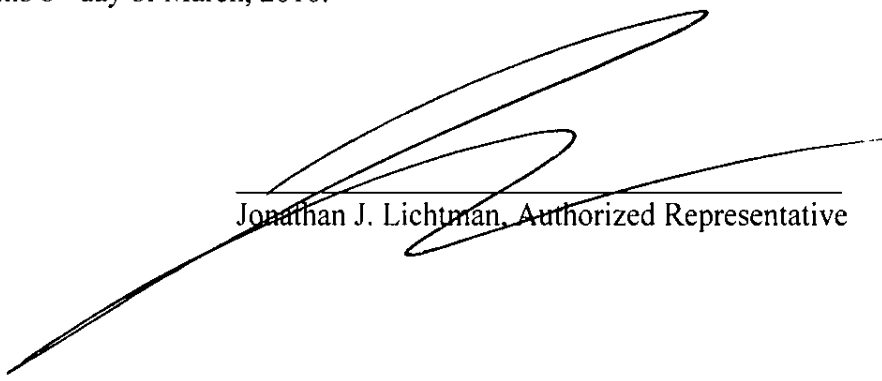
Walter H. Shutt III

ARTICLE VI

ORGANIZING MEMBER

The name and address of the authorized representative of the Manager executing these Articles of Organization is Jonathan J. Lichtman, Esq., 20283 State Road 7, Suite 300, Boca Raton, Florida 33498.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 8th day of March, 2016.



Jonathan J. Lichtman, Authorized Representative

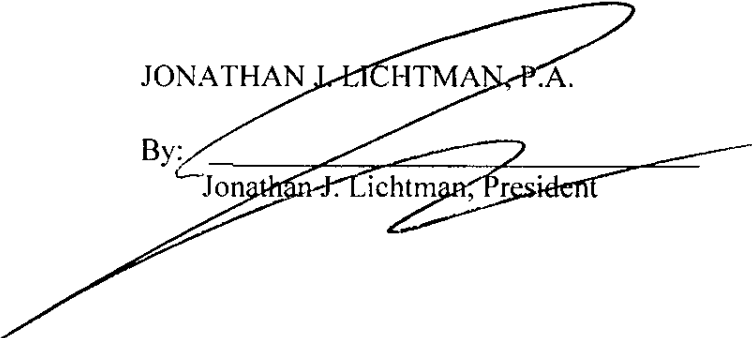
FILED
CLERK OF STATE
16 MAR 14 PM 5:01

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as Registered Agent to accept service of process for SINK PRESSURE PRO, LLC, at the place designated in the foregoing Articles of Organization, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of the Florida Limited Liability Company Act 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.

Dated: 3/8/16

JONATHAN J. LICHTMAN, P.A.

By: 
Jonathan J. Lichtman, President

FILED
CLERK OF STATE
CORPORATION
16 MAR 14 PM 5:01