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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Вс	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COGAR Plumbing 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:	
GLENN ALAN COGAR Name of Person	
Firm/Company	
807 AUGUST STreeT Address	
SE PALM BAY FLorida 32909 City/State and Zip Code	
Nove AT This Time E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Slew ALAW CogARat (321) 652 - 0955 Name of Person Area Code Daytime Telephone Numb	– er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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:	
Co GAR Plumbing (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:
807 AUGUST STreeT SE PALM RAY Florida 32909	807 AUGUST STreet SE PALM BAY Florida 32909
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 indlyjdual or
The name and the Florida street address of the registered a	gent are:
GLENN ALAN Name	CogAR SERVER TO THE
807 AUG-UST Florida street address (P.O. Box 1	STICET 59 5 C
SE PALM BAY	FL 32909 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 (PEQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR"	GLENN ALAN COGAR 807 AUG-UST STITET
mar"	SE AALM BAY Florida 32909 C-Lena ALAN Cog AR 807 AUGUST STreet SE PALM BAY Florida 2290
	
Jse attachment if necessary)	
V: Effective date, if other than the d tive date is listed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ditive date is listed, the date must be filing.)	
V: Effective date, if other than the ditive date is listed, the date must be filing.)	
V: Effective date, if other than the d	
V: Effective date, if other than the dive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	

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)