

L17ccw238389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

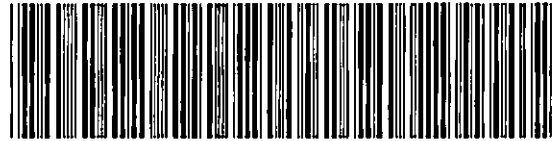
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JAN 2017

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 922204 4311863

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : November 20, 2017

ORDER TIME : 12:47 PM

ORDER NO. : 922204-005

CUSTOMER NO: 4311863

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FEDERAL REGISTER

DOMESTIC FILING

NAME: CORTEZ PUMP & SPRINKLER LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

CORTEZ PUMP & SPRINKLER SUPPLY, LLC

8700 Cortez Road, Suite A

Bradenton, FL 34210

November 20, 2017

Florida Secretary of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Consent to Use of Similar Name

To Whom It May Concern:

In connection with the filing of Articles of Organization by Cortez Pump & Sprinkler LLC, Cortez Pump & Sprinkler Supply, LLC, a Florida limited liability company, hereby consents to the use of the name "Cortez Pump & Sprinkler LLC" with the Florida Division of Corporations.

CORTEZ PUMP & SPRINKLER SUPPLY, LLC

By: 

Name: Thomas Rhodes

Title: President

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cortez Pump & Sprinkler 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:

Ivy M. Shapiro, Paralegal

Name of Person

Blank Rome LLP

Firm/Company

One Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

ths1670@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivy M. Shapiro

215

569-5784

at (_____) _____

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cortez Pump & Sprinkler LLC

(Must contain 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:

8700 Cortez Road West, Bradenton, FL 34210

8700 Cortez Road West, Bradenton, FL 34210

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:

Tedd H. Stewart

Name

10816 Winding Stream Way

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

Bradenton

FL

34212

City

State

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.

Tedd H. Stewart

Registered Agent's Signature (REQUIRED)

Tedd H. Stewart

(CONTINUED)

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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

Name and Address:

Tedd H. Stewart

10816 Winding Stream Way

Bradenton, FL 34212

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Tedd H. Stewart

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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