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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

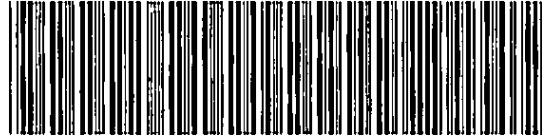
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 DEC -7 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12/15/17  
M. Ruck

**RON EITH PLUMBING LLC**

**908.770.3623**

**eith1@aol.com**

**37 ARLYN DRIVE  
HOWELL, NEW JERSEY 07731**

**7615 NORTH TREE CLUB DRIVE  
LAKEWORTH, FLORIDA 33467**

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

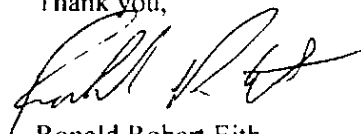
**RE: ARTICLES OF ORGANIZATION FOR FL LLC / RON EITH PLUMBING LLC**

To Whom It May Concern:

Enclosed are Articles of Organization for Ron Eith Plumbing LLC along with a check (Check #2603) made payable to Florida Department of State in the amount of \$160.00; to include payment for filing fee, Certificate of Status & Certified copy. Please note an additional copy of the Articles of Organization is enclosed for the Certified Copy.

Please contact me if you have any questions or concerns at (908) 770-3623 or via email at [eith1@aol.com](mailto:eith1@aol.com).

Thank you,



Ronald Robert Eith  
Owner / Plumber

Enclosures: 3

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Ron Eith 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:

Ronald Robert Eith  
Name of Person

Ron Eith Plumbing  
Firm/Company

37 Arlyn Dr.  
Address

Howell, NJ 07731  
City/State and Zip Code

Eith1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Eith at (908) 770-3623  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RON EITH PLUMBING 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:

7615 Northtree Club Dr.  
Lake Worth, FL 33467

37 Arlyn Dr.  
Howell, NJ 07731

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:

Ronald Robert Eith  
Name

7615 Northtree Club Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Lakeworth, FL 33467  
City State Zip

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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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Sole Member / "AMBR"

**Name and Address:**

Ronald Robert Eith  
37 Arlyn DR.  
Howell, NJ 07731

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 the date of filing.)

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

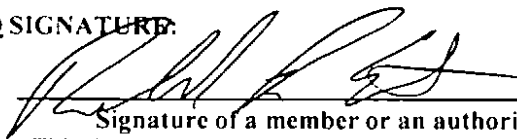
**ARTICLE VI:** Other provisions, if any.

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**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.

Ronald Robert Eith

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)