

L18000234715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

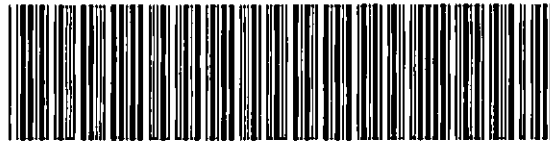
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CMAA

1. **D E AIRCONDITIONING LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
For  
D E AirConditioning LLC**  
Florida Limited Liability Company

**ARTICLE I - Name:**

The name of the Limited Liability Company is D E AirConditioning LLC

**ARTICLE II - Address:**

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

26632 Morton Ave  
Bonita Springs, FL 34135

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

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

Elian Barberena  
26632 Morton Ave  
Bonita Springs, FL 34135

*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.*

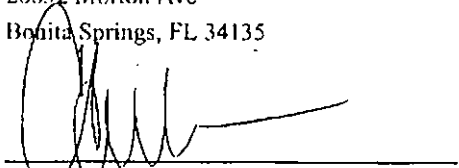


Elian Barberena, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Elian Barberena  
26632 Morton Ave  
Bonita Springs, FL 34135



Carl Brown, Organizer

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