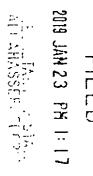
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Special Instructions to Filing Officer:		

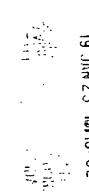
Office Use Only



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01/23/19--01005--004 **180.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TIDE MILL MECHANICAL 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:
THOMAS JURGENSEN
Name of Person
682 Sw MARY TERRACK
LAKE CITY FL. 32024 City/State and Zip Code TIOE MILL MECH G) AOL. COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS JURGENSAL (386) 965-1904 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TIDEMINI MECHANICAL 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:
386 SW MARY TERR. - LAKE CITY FL. 32024	SAME

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:

ARTICLE I - Name:

THOMAS JURGENSEN
Name

682 Sw. MARY TERR.

Florida street address (P.O. Box NOT acceptable) LAKE CITY FL. 32024

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 $am familiar with and accept the obligations of my position as registered agent as provided for in {\it Chapter 605}, {\it E.S.}.$

Registered Agent's Signature (NEQUIRED)

(CONTINUED)

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

,	
<u>Title:</u> " <u>AMBR</u> " = Authorized Member	Name and Address:
"MGR" = Manager	
MANAGRA	THOMAS JURGKNSAN
	TRAR. LAKE CITY FL 32024
	TATAL CHARLETT JOSE 9
(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	I 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 a	applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	s records.
ARTICLE VI; Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a pember or	an authorized representative of a member.
This document is executed in acc	cordance with section (05.0203 (1) (b), Florida Statutes.
	tion submitted in a document to the Department of State

THoma-s JURGENSEN
Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)