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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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04/25/19--01019--005 **160.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Acosta Sower and Pipes 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:
Padro A Acosta Name of Person
Acosta Sever and Pipes LLC Firm/Company
3200 Kennesaw Ct
Orland FL, 32826 City/State and Zip Code Acosta Souckand Pipes Could Conference E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Rame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125,00 Filing Fee \$\times \text{S130,00 Filing Fee & Certificate of Status} \text{S155,00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160,00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)}

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327

Street Address

New Filing Section Division of Corporations Clifton Bailding



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3200 kennesawct	3200 kennesam ct
Orlando, FL. 32826	Oclando, FL. 32826

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:

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

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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.

gent's Signature (REQUIRED)

CONTINUED)

ARTICLE IV-

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

"AMBR" + Authorized Member	
"MGR" = Manager	7 / 2 - 2 / 2
AMBR	redro Acosta
	3200 Republican Ct
	Orlando FL. 32'626
AMBR	iliatoria. Agosto
— ILMBE	3200 Kenneshi (+
	011ando, 71.32826
(Use attachment if necessary)	
	the date of filing:
reffective date is listed, the date mus ate of filing.)	st be specific and cannot be more than five business days prior to or 90 days afte es not meet the applicable statutory filing requirements, this date will not be listed
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Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)