## L20000052641

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT : MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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Office Use Only



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2020 FEB 20 AM 10: 34

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 2/20/2020	
ENTITY NAME JW PLU	JMBING & MECHANICAL LLC
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
<b>*</b> :	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status  Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	
TOTAL OWED \$ 125	ACCOUNT # 120160000072 4: C > W
Please call Tina at th	be above number for any issues or concerns. Thank you so much!

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 FEB 20 AM 10: 34

ARTICLE I - Name:

The name of the Limited Liability Company is:

The hame of the Emilied Diabi	пту Сотрану is:		TALLS I
JW PLUMBING 8	MECHANICAL LLC		1 ( Same of )
(Must co	ntain the words "Limited Lia	bility Company, "L.L.C.," or "LLC."	')
ARTICLE II - Address:	address of the principal office	ce of the Limited Liability Company i	·
rinc	nal Office Address:	<u>Mailing</u>	Address:
3645 1st Ave.		3645 1st Ave.	
Malabar, FL 32950	<u> </u>	Malabar, FL 32950	
(The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its own Re nactive Florida registration.)		an individual or
	John Clark Willis III		
	N	lame	<del></del>
	3645 1st Ave.		
	Florida street address (F	P.O. Box NOT acceptable)	_
	Malabar El 32050		

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..

State

Zip

City

(CONTINUED)

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

	Title: "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager AMBR	John Clark Willis III 3645 1st Ave. Malabar, FL 32950	
	AMBR	Cayce Willis 3645 1st Ave. Malabar, FL 32950	onon FFR 20
			AM 10: 34
	(Use attachment if necessary)		
If an he da <u>Note:</u>	effective date is listed, the date must be speci ite of filing.)	filing:	
	CLE VI: Other provisions, if any.	State S records.	
	REQUIRED SIGNATURE:	7-4-5	
	Signature of a mem	ber 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.

Ed Tsuji, Authorized Representative

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)