

L22000331732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

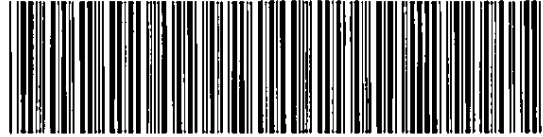
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/27/22--01004--022 ♦♦125.00

S. CHATHAM
JUL 28 2022

ALLAHSSIE, IL

2022 JUL 27 PM 2:28

22 JUL 27 AM 9:27

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CYCLE AIR HEATING & COOLING, LLC

Signature _____

Requested by: SETH

07/27/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

172 Ponder's Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

22 JUL 27 AM 8:22

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CYCLE AIR HEATING & COOLING, 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:

Roman Albano
Name of Person

Contractors Reporting Service Inc
Firm/Company

13795 N Nebraska Ave
Address

Tampa, FL 33613
City/State and Zip Code

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

For further information concerning this matter, please call:

Roman Albano at (813) 932-5244
Name of Person Area Code Daytime Telephone Number

22 JUL 27 AM 9:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYCLE AIR HEATING & COOLING, LLC

(Must end with 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:

4795 MIRAGE BAY CIR apt 312
FORT MYERS FL 33966

Mailing Address:

4795 MIRAGE BAY CIR apt 312
FORT MYERS FL 33966

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:

MADELAIN JEAN MILLERY FORTUNAT

Name

4795 MIRAGE BAY CIR apt 312

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

FORT MYERS FL 33966

City, State, and 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 Chapter 608, F.S.

DocuSigned by:


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

AMBR

MADELAIN JEAN MILLERY FORTUNAT

4795 MIRAGE BAY CIR apt 312

FORT MYERS, FL 33966

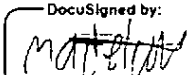
(Use attachment if necessary)

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 or 90 days after the date of filing.)

REQUIRED SIGNATURE:

DocuSigned by:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MADELAIN JEAN MILLERY FORTUNAT

Typed or printed name of signee

22 JUL 27 AM 9:22