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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)685-0955
Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jade185368@gmail.com

FLORIDA LIMITED LIABILITY CO.
EASTERDAY AC & HEATING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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COMMERCIAL SERVICES

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EASTERDAY AC & HEATING, 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:

BLAKE EASTERDAY

Name of Person

EASTERDAY AC & HEATING, LLC

Firm/Company

13575 SE 44TH AVE

Address

SUMMERFIELD, FL 34491

City/State and Zip Code

JADE185368@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN OCONNOR

941

685-0955

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division
The Centre of Tallahassee

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EASTERDAY AC & HEATING, LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

13575 SE 44TH AVE

SUMMERFIELD, FL 34491

13575 SE 44TH AVE

SUMMERFIELD, FL 34491

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:

License Exam Services, LLC

Name

4713 WEBBER ST

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

Sarasota

FL

34232

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 Chapter 605, F.S.

X

Robert M. O'Connor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV -

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

Title:

Name and Address:

"AMBR" Authorized Member

"MGR" Manager

AMBR

BLAKE A. EASTERDAY
13575 SE 44TH AVE
SUMMERFIELD, FL 34491

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



Signature of a member 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 817.135, F.S.

BLAKE A. EASTERDAY
Typed or printed name of signer

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)

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