## L24000294233

(Req	uestor's Name)			
(Add	ress)			
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(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			





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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Com	ipany is:						
mik	Res Plumb (Must contain the	words "Limited I	<i>lice L</i> Liability Compa	<i>LG</i> , any, "L.L.(	C.," or "LLC	'.")		_
ARTICLE II - Ac The mailing addres	ddress: ss and street address	of the principal of	ffice of the Lim	ited Liabil	ity Compan	y is:		
	Principal Offi	ce Address:		Mailing Address:				
340 PAL	OF Braden	FON AVE	<u> </u>	5411	re			<b>-</b>
(The Limited Liab	egistered Agent, Re ility Company canno antity with an active 1	t serve as its own	Registered Age			e an individu	al or	_
The name and the	Florida street address	s of the registered	agent are:					
	w	ichael A	. Steph	ens				
		ichael A 108 Brad	Name					
	<u>. 3 -</u> Flor	108 Brack rida street address	e~toN (P.O. Box <u>NO</u>	AVE. Tacceptal	ble)			
	Pa	Nama Cit	y FL	3	32405	<del></del>		
		City	State		Zip			
place designated in t further agree to com	as registered agent a his certificate, I herel ply with the provision I accept the obligation	by accept the appo ns of all statutes re ns of my position o	intment as regis lating to the pro	stered ager oper and co ent as prov	nt and agree omplete perf vided for in C	to act in this ormance of m	capacity sy duties	v. $I$
			(CONTINUE	D)				2556
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							; )	ټ

## 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	
MGR	michael A. Stepheus
	PANAMA CITY PL. 32405
	THE STORY OF THE STORY
<del></del>	
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
te: If the date inserted in this block does not document's effective date on the Departm  TICLE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REQUIRED SIGNATURE:	1.//) - (H_
// 4/	MARY DANGER
Signature of a	member or an authorized representative of a member.
	southed in a monday as which musting COS 0202 (1) (b) Elizable Cost and
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State
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