

L99000001683

**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 25 AM 10:37

**SUBJECT:** ThermalXchange, LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida limited liability company:

CM

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$35.00 Designation of Registered Agent

~~10000000~~

A Letter of acknowledgment will be issued free of charge upon filing. Please submit an addition \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

400002794764--3  
-03/04/99--01075--011  
\*\*\*\*\*293.75 \*\*\*\*\*293.75

**FROM: PARCORP SERVICES, LTD.  
ATTN: MICHAEL J. JAGODA  
10460 ROOSEVELT BLVD., SUITE 284  
ST. PETERSBURG, FL 33716**

DAYTIME PHONE 727-576-6764



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 16, 1999

PARCORP SERVICES, LTD.  
ATTN: MICHAEL J. JAGODA  
10460 ROOSEVELT BLVD., SUITE 284  
ST. PETERSBURG, FL 33716

SUBJECT: THERMAL EXCHANGE, LLC  
Ref. Number: W99000006310

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We have received your document for THERMAL EXCHANGE, LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 699A00012601

**STATE OF FLORIDA  
ARTICLES OF ORGANIZATION OF  
THERMALXCHANGE, LLC**

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **THERMALXCHANGE, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**6202 N. Dale Mabry Hwy., Tampa, Florida 33614.**

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be: **Perpetual**

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as managers are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Niranjan Patel - 6202 N. Dale Mabry Hwy., Tampa, Florida 33614**

**Rameshchandra (Kiran) Patel - 6202 N. Dale Mabry Hwy., Tampa, Florida 33614**

**ARTICLE V - Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

**The existing members of this LLC must approve the admission of new members by a unanimous vote. Upon such approval, new members shall be accorded all rights associated with membership in this LLC**

**ARTICLE VI - Members Rights to Continue Business**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

**The unanimous approval of the remaining members of the LLC is required to continue the business of the LLC upon death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any event that terminates the continued membership of a member in this limited liability company.**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **THERMALXCHANGE, LLC**
2. The name of the Florida street address of the registered agent are:

**Niranjan Patel**

Name

**6202 N. Dale Mabry Hwy.**

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

**Tampa, Florida 33614**

City, State and Zip

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*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.*



Signature

**Filing Fee: \$ 35 for Designation of Registered Agent**

**ARTICLE VII - Affidavit of Membership Contributions**

The undersigned member or authorized representative of a member of **ThermalXchange, LLC** certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed and anticipated to be contributed by member(s) is \$        ;  
(a description of the property is attached and made part hereto); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 100.00.



\_\_\_\_\_  
Signature of a member or authorized representative of a member.

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

**Niranjan Patel**

\_\_\_\_\_  
Typed or Printed name of signee

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99 MAR 25 AM 10:37

**Filing Fee: \$250.00 for Articles and Affidavit**