

L990000006909

September 26, 1999

Florida Industrial Plumbing

Florida Industrial Plumbing
PO Box 16646
Tampa, Florida 33687-6646

Phone {813} 987-2809
Fax {813} 354-2642
E-mail fip@tampabay.rr.com

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314
850.487.6051

800003004898--9
-10/04/99--01136--016
***285.00 ***125.00

Enclosed please find the Articles of Organization for Florida Industrial Plumbing, and a check in the amount of \$285.00.

If you have any further questions you may contact me at the numbers listed above.

Please instruct me on how to obtain a Federal Tax number for Florida Industrial Plumbing

Respectfully submitted

Sharon Templin Gaskin

Sharon Templin Gaskin
President

W99-232BB

FILED
99 OCT 20 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*UB
10-21-99*



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 8, 1999

SHARON TEMPLIN GASKIN
FLORIDA INDUSTRIAL PLUMBING
P.O. BOX 16646
TAMPA, FL 33687-6646

SUBJECT: FLORIDA INDUSTRIAL PLUMBING LLC
Ref. Number: W99000023288

We have received your document for FLORIDA INDUSTRIAL PLUMBING LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.

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.

Trevor Brumbley
Document Specialist

Letter Number: 199A00048896

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Industrial Plumbing LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. Box 16646

Tampa, Florida 33687-6646

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Terry L. Gains

Name

410 Glen Ridge Ave

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

Tampa, Fla. FL 33617

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.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Sharon S. Gaslin

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.)

Sharon Templin Gaslin

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)