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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 1 1 2012

T. HAMPTON

COVER LETTER

TO:	Registration of	on Section f Corporations		
SUBJE	ECT. ECI	JA POWER GENE	RAL SERVICE, L.L.C.	
SUBJE			ited Liability Company	
The end	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all con	respondence concerning this ma	tter to the following:	
		LORE	NZO E. CARBO Name of Person	
			•	
		ECUA POWER	GENERAL SERVICE, L.L.C.	_
			Firm/Company	
		173 GL	JAYMAS DRIVE	
			Address	
		 	E, FLORIDA 34743	
			ity/State and Zip Code	
-			ver@hotmail.com for future annual report notification)	
For furt	ther informati	ion concerning this matter, pleas	se call:	
<u> </u>	Loren	zo E. Carbo	at (407) 399-2369	
	Na	rne of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a chec	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Status of Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Ecua Power General Service,	L.L.C.
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
173 Guaymas Drive Kissimmee, Fl 34743	173 Guaymas Drive Kissimmee, Fl 34743
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	
MARTHA O. (PARBO
Name	
173 GURYHAS	PRIVE [ress (P.O. Box <u>NOT</u> acceptable)
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Kissimmee City, Sta	FL 34743
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
Registered Agent's Signatu	SECRET SE
(CONTINI	UED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	mber
MGRM	Lorenzo E. Carbo
	173 Guaymas Drive
	Kissimmee, FI 34743
MGRM	Segundo F. Crespo
	333 Madina Cir.
	Davenport, Fl 33837
MGRM	Pedro P. Quinga
	173 Guaymas Drive
	Kissimmee, Fl 34743
	•
(Use attachment if necessar	
LE V: Effective date, if oth	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E:
LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E: ONENZO E ONENZO
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E:
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affin I am aware that any	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E:
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affin I am aware that any	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.) E:
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affin I am aware that any	E: ORENO E ORES of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.)

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)