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(City/State/Zip/Phone #)

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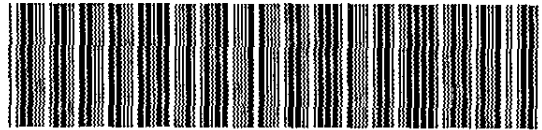
(Business Entity Name)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APONTE'S COMPLETE ELECTRICAL SERVICE COMPANY-L.L.C.  
(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:

RONALD L. APONTE  
(Name of Person)  
APONTE'S COMPLETE ELECTRICAL  
SERVICE CO.-L.L.C.  
(Firm/Company)

1093-D SUMMIT TRAILS CIRCLE  
(Address)  
W. PALM BEACH, FLORIDA 33415  
(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD L. APONTE at ( 561 ) 478-0080 (HOME+OFFICE)  
(Name of Person) (Area Code & Daytime Telephone Number)  
561-608-0329 (PAGER NUMBER)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APONTE'S COMPLETE ELECTRICAL SERVICE CO. - L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1093-D  
SUMMIT TRAILS CIRCLE  
W. PALM BEACH, FL. 33415

Mailing Address:

1093-D  
SUMMIT TRAILS CIRCLE  
W. PALM BEACH, FL. 33415

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

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

RONALD L. APONTE  
Name

1093-D SUMMIT TRAILS CIRCLE

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

W. PALM BEACH, FL. 33415  
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.*

Ronald L. Aponte  
Registered Agent's Signature

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(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RONALD L. APONTE  
1093-D SUMMIT TRAILS CIRCLE  
W. PALM BEACH, FL. 33415

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Ronald L. Aponte  
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.)

RONALD L. APONTE  
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)

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