LOLOONGEPTS ELECTRICAL ILC

Manne: Chris L EZLIT

4206 Quando Dr

Oclando, FL 32812

407-812-1465

407-353-6026 Cell phone (Please call this first)

as I have the cell

phone w/me all day.

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FILED

OI OCT 22 PM 5: TO
SECREJARY OF STATE
TALLAHASSEE, FLORIDA

LOI-18320

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ALL CONCEPTS ELECTRICAL LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 4206 のいるのの ののよれがつの。一し 32812 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name
4206 Ovando Dr Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32512_ 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.
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) Signature of amember of 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.)
Apricie I Flective Tiling Date of October 20,2001. 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)