L03000048422

| (Requestor's Name) |
|---|
| (Address) |
| 74 II |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Dunis and Entitle Mann) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |





300020700243

12/01/03--01016--008 **160.00

D3 DEC -1 AM ID: 21
SECRETARY UT STATE
ANASSEE, FLORIDA

April 19, 2003

Willie A Battles 20151 NE 29th Street Williston, FI 32696 Re: Battles Electric, LLC 03 DEC -1 AM 10: 21
SECKETARY UF STATE
TALLAHASSEE, FLORID

To Whom It May Concern:

I am writing to provide the information that was requested from me about Battles Electric, LLC. My name is Willie A Battles, you may reach me at the above address. My daytime phone number is (352) 682-5785 (cell) or my home number is (352) 528-5148. Please feel free to call me at your convenience if you have any additional questions or concerns.

Thank you,

Willie A Battles
Owner/President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| Battles Electric. LLC |
| |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 20151 NE 29th Street, Williston, Fl. 32696 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: $\frac{\sum_{i=1}^{6} \omega_{i}}{2}$ |
| Willie Alvernon Battles 🔄 🗒 |
| Name ASS |
| Name 20151 NE 29th Street Florida street address (P.O. Box NOT acceptable) |
| |
| |
| City, State, and Zip |
| 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 |
| (An additional article must be added if an effective date is requested) |
| x Willie A. Both |
| 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.) |
| Willie A. Battles 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) \$ \(\left(\begin{align*} \cdot 0 \) |