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(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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DIVISION OF COST GRATION 03 DEC -3 PH 12: 43

03 DEC -3 PM 1:47

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	e se
SUBJECT: Dodson Electric LLC (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:	
Charles Larry Dodson (Name of Person)	
Dodson Electric (Firm/Company)	3 DEC -3 PM 1:47 ECRETARY OF STATE LLAHASSEE, FLORID
80 Dolly Dr. (Address)	H I: L7 STATE FLORIDA
Crawforduille Fla. 32327 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Charles L. Dadson at (850) 926-3648 (Name of Person) (Area Code & Daytime Telephone 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Dodson Electric LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
80 Dolly Dr. Crawfondwille Fl. 32327	Same
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
	$\mathcal{T}_{\mathcal{T}}}}}}}}}}$

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

Chauford ville FL 32327

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..

Charles Sam Wods
Registered Ment's Signature

(CONTINUED)

 $Page\,1\,of\,2$

D3.DEC -3 PH 1:47

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 Member	Charles L. Dodson
<u>-</u>	El 32327
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	LAHASE ANY
(Use attachment if necessary) NOTE: An additional article must be	PM 1:47

REQUIRED SIGNATURE:

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.)

Charles Larry Dowson
Typed or printed frame 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)