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(Re	questor's Name)		
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(Cit	y/State/Zip/Phon	e #}	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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TRANSMITTAL LETTER

TO:

Registration Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

Registration Section

Division of Corporations
SUBJECT: 5haw's 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:
Charlie H. Shaw (Name of Person) PS B B B
Shaw's Electric 11c SSER TO THE STATE OF THE STATE OF THE SERVICE
P.O. Box 8 (Address)
Quincy, Florida, 32353 (City/State and Zip/Code)
For further information concerning this matter, please call:
(Name of Person) at ((Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: ShAw's Electric LLC
The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	• •	Mailing Address:		
P. D. Box 8 Quiary + Porida 32353	a 1000	_ Same		
quinty, Tibriga 32303	• • •		·	
ARTICLE III - Registered Agent, Regis	stered Office,	& Registered Agen	t's Signatur	e:
The name and the Florida street address of	f the registered Shave Name		SECRETAR ALLAHASS	03 DEC 17
74 ShAw Florida street addre	LANE ess (P.O. Box NO	PT acceptable)	EE, ELOF LO LO L	D T
Quincy, F	Torid FI State, and Zip	3235/	AUTE AUDA	C Hour

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..

Registered Agent's Signature

(CONTINUED)

<u>tle:</u> IGR" = Manager	Name and Address:
IGRM" = Managing Member MGR M	Charlie H. Show
	P.O. Box 8 Quincy Floride, 32353
	· · · · · · · · · · · · · · · · · · ·
	F. 0.
	LC D

(Use attachment if necessary)

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

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.)

H- ShAw)
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)