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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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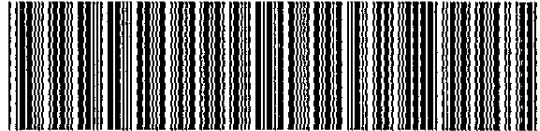
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B E R ELECTRIC OF CRESTVIEW, 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:

Barbara Liston  
(Name of Person)

Bookkeeping Basics  
(Firm/Company)

4758 DAVIS LANE  
(Address)

CRESTVIEW, FL 32539  
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barbara Liston at 850, 682-1214 a.m.  
(Name of Person) (Area Code & Daytime Telephone Number)  
(850) 682-5614 p.m.

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:

B & R ELECTRIC OF CRESTVIEW LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

500 JOHN KING RD.

CRESTVIEW, FL 32539

**Mailing Address:**

500 JOHN KING RD.

CRESTVIEW, FL 32539

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

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

CHRISTOPHER L. LOVE

Name

500 JOHN KING RD

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

CRESTVIEW FLORIDA 32539

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, Florida Statutes..*

Christopher L Love

Registered Agent's Signature

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**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

CHRISTOPHER Z LOVE

500 JOHN KING RD

PRESTVIEW FL 32539

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V - This LLC shall begin doing business on March 1, 2004 and shall exist perpetually.

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

**REQUIRED SIGNATURE:**

✓ Christopher Z Love

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.)

CHRISTOPHER Z. LOVE

Typed or printed name of signer

**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)