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(City/State/Zip/Phone #)

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4-504

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCET ENERGY 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:

ABDELGHANI BERRAF
(Name of Person)

SCET ENERGY LLC
(Firm/Company)

11 CLEARVIEW BLVD
(Address)

FORT MYERS BEACH, 33931 FLA
(City/State and Zip Code)

For further information concerning this matter, please call:

ABDELGHANI BERRAF at (239) 463 3538
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 26 AM 10:51

ARTICLE
FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCET ENERGY LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11 CLEARVIEW BLVD FT MYERS BEACH

11 CLEARVIEW BLVD FT MYERS BEACH

33931 FLA

33931 FLA

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

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

ABDELGHANI BERRAF

Name

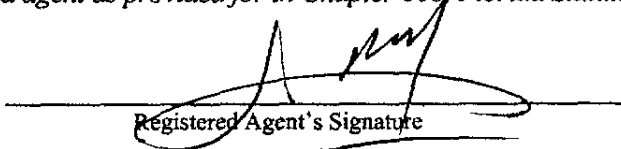
11 CLEARVIEW BLVD

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

FORT MYERS BEACH, 33931 FLORIDA

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..


Registered Agent's Signature

04 MAR 26 AM 10:15
SECRETARY OF
STATE
TALLAHASSEE, FL

FILED

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:

MGRM

ABDELGHANI BERRAF

11 CLEARVIEW BLVD

FORT MYERS BEACH 33931 FLORIDA

MGRM

ALI BERRAF

CITE 498 LOGTS BT 11 LOCAL N 03

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(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.)

ABDELGHANI BERRAF

Typed or printed name of signee

SECRETARY
FILED
TALLAHASSEE, FLORIDA

04/18/26 AM 10:57

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)