

L04000028613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

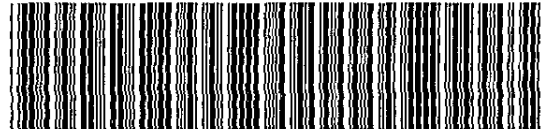
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2004 APR -5 PM 4:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. B. BROWN APR 15 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pugh's Cabling "LLC"
(Name of Limited Liability Company)

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JULIUS ROY CORPORATION'S
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESAU PUGH III
(Name of Person)

Pugh's Cabling LLC
(Firm/Company)

197 Sedgefield Cir.
(Address)

Winter Park FL 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

ESAU PUGH III at (321) 6951846
(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**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pugh's Cabling "LLC"

ARTICLE II - Address:

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

Principal Office Address:

197 Sedgefield Cir

Winter Park FL 32792

Mailing Address:

197 Sedgefield Cir

Winter Park FL 32792

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

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

ESAU PUGH III

Name

197 Sedgefield Cir

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

Winter Park

FLORIDA 32792

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..

ESAU PUGH III

Registered Agent's Signature

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

MGRM

Name and Address:

ESAU PUGH III
197 Sedgewick Cir. Winter Park FL 32792

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

ESAU PUGH III
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.)

ESAU PUGH III
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)

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TALLAHASSEE, FLORIDA