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2004 APR 16 P 1.54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/16/04--01025--001 **125.00

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR 16 P 1:54

SUBJECT: MASTER LIGHTING & ELECTRIC LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

WILLIAM A. GREGOIRE

(Name of Person)

(Firm/Company)

56 Moonwind Dr.

(Address)

North Fort Myers, FL 33903-6947

(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Gregoire

(Name of Person)

at (239) 565-0309

(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 **FILED**

ARTICLE I - Name:

The name of the Limited Liability Company is:
MASTER LIGHTING & ELECTRIC LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

56 Moonwind Dr.
North Fort Myers, FL 33903-6947

Mailing Address:

56 Moonwind DR.
North Fort Myers, FL 33903-6947

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

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

William A. Gregoire

Name

56 Moonwind Dr.

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


N. Fort Myers FL 33903-6947

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..


Registered Agent's Signature

(CONTINUED)


CHARLES J. TRUDELL
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD164558
EXPIRES 11/13/2006
BONDED THRU 1-888-NOTARY1

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"MGR"

WILLIAM A. GREGOIRE

56 Moonwind DR.

N. Fort Myers, FL 33903-6947

(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.)

William A. Gregoire

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)


CHARLES J. TRUDELL
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