L04000069782

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600041163766

114/21/04--01019--014 **100.00

119/21/04--01019--013 **25.00

PILLED

2004 SEP 23 PM 2: 47

CORFORATIONS

DIVINITIANASSEE, FLORIDA

J. BRYAN SEP 2 4 2004

TRANSMITTAL LETTER

| SUBJECT: | 4-D ELECTRIC, (Name of Lin | | bility Company) | |
|--------------------------|-------------------------------|------------|---|---------------|
| The enclosed Articles of | Organization and fee(s) a | re submit | tted for filing. | THE TO |
| | Please return all correspon | ndence co | oncerning this matter to the following: | A. C. |
| | DANNY | (Name | TAYLOR of Person) | |
| | 4-D_6 | | JC, LLC | |
| | - | (Firm/ | Company) | |
| | P.O. | | 0996 | _ |
| | | (Ad | ddress) | |
| | ALTOONA | FL, | 32702 | |
| | (1 | City/State | and Zip Code) | |
| | concerning this matter, ple | | | |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

(Area Code & Daytime Telephone Number)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|-------------------|
| 4-0 ELECTRIC, L.L.C. | |
| ARTICLE II - Address: The mailing address and street address of the princip | |
| Principal Office Address: | Mailing Address: |
| 16045 S.E. 252 TERRACE | P.O. Box 0996 |
| UMATILLA FL, 32784 | ALTOUNA FL, 32702 |
| | |
| ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis DONNIE TRYLOR | tered agent are: |
| Name | |
| Florida street address (P.O. Bo | |
| UMATILLA FL, 3278 | YEL ORIDA |

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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| The name and address of each Manager o | Name and Address: | 1000 CA |
|--|--|---|
| "MGR" = Manager "MGRM" = Managing Member | | |
| MGRM_ | DANNY L TAYLOR P.O. BOX 099G ALTOONA R. 32702 | OR TOWN |
| MGRM | DONNIE TAYLOR 16060 S.E. 252 TERRACE UMATICIA PC, 32784 | - |
| | | · # |
| ے اور | | . * |
| | | |
| (Use attachment if necessary) | • | |
| NOTE: An additional article must be | added if an effective date is requested. | |
| REQUIRED SIGNATURE: | 1 | |
| X Dorms 70 Signature of a member of an au | Morized representative of a member. | · , <u>u</u> - , , , ; ; |
| (In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true | 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury te.) | |

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)