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2005 JAN 18 PH 1: 39 SECRETARY OF STATE

## TRANSMITTAL LETTER

	X X4.21 101111 1		
TO: Registration Se Division of Co			
SUBJECT: Power Ho	ouse Generators and Drying	g Equipment, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Findlay [	Dinger		
	(1	Name of Person)	· · · · · · · · · · · · · · · · · · ·
		•	
Above			
	(	Firm/Company)	
5125 H S F	fwy 1, Ste. 3		
0120 0.3.1	wy 1, Old. 3	(Address)	· · · · · · · · · · · · · · · · · · ·
Rock	ledge, FL 32955		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Findlay Dinger		at ( 407 ) 832-8386	
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		ZIII. IS.
<b>刀</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is falcosed)

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:				
Power House Generators and Drying Equipment, LLC  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:				
5125 U.S. Hwy 1, Ste. 3	Same			
Rockledge, FL 32955				
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re				
Findlay Dinger	<u> </u>			
Name	······································			
5125 U.S. Hwy 1, Ste. 3				
Florida street add	ress (P.O. Box NOT acceptable)			
Rockledge, FL 32955	FL			
City, State, and	nd Zíp			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the statistic formance of my duties, and I am familia with and tered agent as provided for in Chapter 608, FS.			

(CONTINUED)

ODS JAN 18 PM 1:

<u>tle:</u> 1GR" = Manager 1GRM" = Managing Member	Name and Address:
anager	Findlay Dinger
	5125 U.S. Hwy 1, Ste. 3
	Rockledge, FL 32955
<u> </u>	
A PART OF THE STATE OF THE STAT	
Jse attachment if necessary)	
Charge A constant of constant	st be added if an effective date is requeste

Signature of a member of 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.)

Findlay Dinger

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)