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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

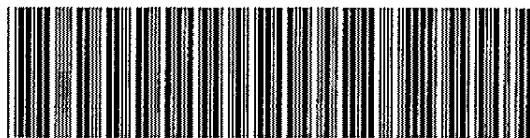
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/31/05--01017--018 **160.00

05 MAR 31 PM 2:10
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

4/1/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Electronics 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:

Vincent Sardo Jr.
(Name of Person)

National Electronics LLC
(Firm/Company)

11670 Spoonbill Lane
(Address)

Fort Myers, FL 33913
(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent Sardo Jr. at (239) 768-6440
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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TALLAHASSEE, FLORIDA

RECEIVED DATE

4/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Electronics LLC

ARTICLE II - Address:

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

Principal Office Address:

11670 Spoonbill Lane
Fort Myers, FL 33913

Mailing Address:

11670 Spoonbill Lane
Fort Myers, FL 33913

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

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

Vincent Sardo Jr.

Name

11670 Spoonbill Lane

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

Fort Myers, FL 33913

FL

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)

4/1/05

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TALLAHASSEE, FLORIDA

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:

MGR

Vincent Sardo Jr.

11670 Spoonbill Lane

Fort Myers, FL 33913

MGR

Barbara Sardo

11670 Spoonbill Lane

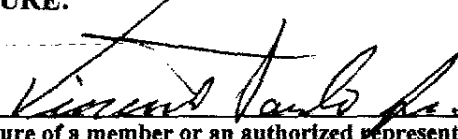
Fort Myers, FL 33913

(Use attachment if necessary)

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

ARTICLE V-See Attached.

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.)

Vincent Sardo Jr.

Typed or printed name of signee

STATE
TALLAHASSEE, FLORIDA

05 MAR 31 PM 2:10

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)

ATTACHMENT

ARTICLE V.

Effective Date: April 1, 2005

FILED

05 MAR 31 PM 2:10

CLERK OF THE DISTRICT COURT
TALLAHASSEE, FLORIDA