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500051506235

04/25/05--01055--026 **160.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Utility Solutions Group 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:

Craig M. Thomas
(Name of Person)

Utility Solutions Group LLC
(Firm/Company)

1667 Highway 83 North
(Address)

DeFuniak Springs FL 32433
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie J Thomas at (850) 951-2670
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Utility Solutions Group LLC

ARTICLE II - Address:

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

Principal Office Address:

Utility Solutions Group LLC

1667 Highway 83 N

DeFuniak Springs FL 32433

Mailing Address:

Utility Solutions Group LLC

1667 Highway 83 N

DeFuniak Springs FL 32433

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

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

Craig M Thomas

Name

4775 County Hwy 183 N

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

DeFuniak Springs, FL 32433

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..

Craig M Thomas

Registered Agent's Signature

(CONTINUED)

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

Name and Address:

"MGRM" = Managing Member

Craig M. Thomas

DeFuniak Springs Fl 32433

Debbie J. Thomas

DeFuniak Springs Fl 32433

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

RE: Webster Thomas

(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.)

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

3-18-68