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T. Brumbley MAY 18 2000

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: B+S Elect (Name of Limited)	Tric L.L.C d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Robert S	mith Name of Person)	
B+S Electric	L.L.C.	
130 S.E. Rachel Way	# 12 / (Address)	
Lake City Fi. 320		OS MAY 18 AM 8: 59 TALLAHASSEE, FLORID
For further information concerning this matter, please of	call:	B AM 8: 59
Robert Smith (Name of Person)	at (<u>386</u>) <u>623-2</u> (Area Code & Daytime Te	523 Selephone Number)
Enclosed is a check for the following amount:	` ·	
□ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	E I	_	N	me
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The name of the Limited Liability Company is:

B+S Electric L.L.C

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

Robert Smoth

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

Lake City FL 3 2025

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..

(CONTINUED)

Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mGRM	Robert Smith 130 SE Rachel Way # 101 Lake City Fr. 32025
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a momber of	r an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution can affirmation under the penalties of perjury
Robe	or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation