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TRANSMITTAL LETTER

| TO: Registration Se Division of Con | | | |
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| SUBJECT: Pacific El | | IT:1:22 C | · · · · · · · · · · · · · · · · · · · |
| | (Name of Limited | d Liability Company) | |
| | f Organization and fee(s) are so | _ | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Clifford A. Shearon | | |
| <u> </u> | (1) | Name of Person) | |
| | | | |
| | Pacific Electrical Des | sign, LLC | |
| | | Firm/Company) | |
| | | | |
| | 2009 East Washington | on Street | 2.5₹ |
| | | (Address) | I CR |
| | | | SS XX |
| | Orlando, Florida 3280 | 03 | LL AHASSEE FLORIDA |
| - · · · | | State and Zip Code) | —————————————————————————————————————— |
| | | | |
| For further information of | concerning this matter, please | call: | ₩ Am |
| | | | |
| Clifford A. Shearon | | at (407 894-5055 | |
| (Name | of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| ☐ \$125.00 Filing Fee | 2 \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy | S160.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| TOTO | ET ADDRESS: | MAILING A | DDDECC. |
| | ration Section | Registration S | |
| Division of Corporations | | Division of Co | orporations |
| | Gaines Street assee, Florida 32399 | P.O. Box 6327 Tallahassee, F | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 9, 2005

CLIFFORD A SHEARON 2009 EAST WASHINGTON STREET ORLANDO, FL 32803

SUBJECT: PACIFIC ELECTRIAL DESIGN, LLC

Ref. Number: W05000028664

We have received your document for PACIFIC ELECTRIAL DESIGN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 405A00040573

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| y is: | |
|---|---|
| | |
| ne principal office of the Limited Liab | ility Company is: |
| Mailing Address: | |
| 2009 East Washington Street | |
| Orlando, Florida 32803 | |
| the registered agent are: | 05 7A(|
| | 05 JUN 20 AM Secretary of Tallahassee Fi |
| · · · · · · · · · · · · · · · · · · · | 788 788 788 |
| et address (P.O. Box NOT acceptable) | |
| FL | S I |
| tate, and Zip | |
| d to accept service of process for the ab d in this certificate, I hereby accept the o pacity. I further agree to comply with th te performance of my duties, and I am fo registered agent as provided for in Cha | appointment as ne provisions of all amiliar with and |
| | Mailing Address: 2009 East Washington Street Orlando, Florida 32803 ered Office, & Registered Agent's State registered agent are: In fame Ington Street et address (P.O. Box NOT acceptable) FL tate, and Zip In this certificate, I hereby accept the aboacity. I further agree to comply with the te performance of my duties, and I am f |

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| Title: | | Name and Address: |
|-------------------|----------------------|--|
| "MGR" = Manage | er | |
| "MGRM" = Mana | aging Member | |
| MGRM | | Clifford A. Shearon |
| | _ | 2009 East Washington Street |
| | | Orlando, Florida 32803 |
| MGRM | | Maria C. Millholen |
| | _ | 2009 East Washington Street |
| | | Orlando, Florida 32803 |
| | | |
| | _ | |
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| | | |
| (Use attachment i | if necessary) | |
| NOTE: An addi | itional article must | be added if an effective date is requested |
| | | |
| REQUIRED SIG | GNATURE: | |
| | ^ - | |
| | | |
| | Signature of a membe | er or an authorized representative of a member. |
| | | ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.) |
| | Clifford A. Shearon | |
| | Ту | ped 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)