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SECR WASSEE, FLORIDA

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TRANSMITTAL LETTER

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TO:

Registration Section Division of Corporations 2005 JUL 18 P 12: 54

SUBJECT: POWERLINE GROUP, LLC

(Name of Limited Liability Company)

SECRETARY OF STATE TALLAMASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara P. Schwartz	
	(Name of Person)
Arnold S. Goldstein & Associates	
	(Firm/Company)
2500 N. Military Trail # 260	
	(Address)
Boca Raton, FL 33431	
	(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Schwartz

(Name of Person)

(Area Code & Daytime Telephone 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 MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Limited Liability Company is:	TALLAHASSEE
POWERLINE GROUP, LLC	·
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	6638 Newport Lake Circle
	Boca Raton, FL 33496
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Larry Stauffer	
Name	
6638 Newport Lake Circle	
Florida street add	ress (P.O. Box NOT acceptable)
Boca Raton	FL 33496
City, State, a	nd 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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: FILED Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Bunter Limited Partnership 2005 JUL 18 P 12: By: Larry Stauffer, 6P MGRM SECRETARY OF STA 6638 Newport Lake Circle TALLAHASSEE, FLOR Boca Raton, FL 33496 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. 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.) Larry Stauffer , 6 P Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

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