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(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #1		
(Only State / Lips Hote #)				
PICK-UP	☐ WAIT	MAIL		
				
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer	 -		
Special Instructions to Filing Officer:				
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Office Use Only



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2005 SEP 12 PM 2: 08

TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Davi	S Electrical (Name of Limite	Service LLC d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
_ Mat	Hew Brion D	CUIS Name of Person)	
Davi	s Electrical So	Ervice LLC Firm/Company)	2005 SEP 12 PH 2: 08
4	410 Beacon Di	(Address)	PILE PH 2: 08 2005 SEP 12 PH 2: 08 PHANTANASSEE, FLORIT
Sarasota, FL 34232 (City/State and Zip Code)			
For further information of	concerning this matter, please	call:	
Matthew B. 1	O(U)\S of Person)	at (941) 379-5 (Area Code & Daytime To	SH/ elephone Number)
Enclosed is a check fo	r 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)
	ET ADDRESS: ration Section	MAILING A Registration S	— — — · · · · · · ·

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 **ARTICLE I - Name:** The name of the Limited Liability Company is: Davis Electrical Service LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comparis Principal Office Address: Mailing Address: 4410 BEACON Drive Sarasota, FL 34232 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Matthew Brian Davis Florida street address (P.O. Box NOT acceptable) Sarasota FL 34232
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)

Page 1 of 2

The name and address of each Man	nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
N1/A	P.
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Math	
Signature of a mem	ber or an authorized representative of a member.
of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true.)
Matthew	Brian Davis Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Or	ganization and Designation

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

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