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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name) LOS - 108 322 (Document Number)				
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CLAHASSEE ELONG

COVER LETTER

Division of Cor			
SUBJECT:	iberty Lea (Name of Limited	tric LLC	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are sui	bmitted for filing.	
Please return all correspo	ondence concerning this matter		
Ji	mmy Hatel	ner	
	۱) (۱	iame of Person)	DS NO
	(Y	irm/Company)	
77	104 NW M	LK Road	B PH 1: 43 SSEE, FLORI
		(Address)	To :
\mathcal{R}	intel F1	70221	ORIO:
(C(S) $C(C)$	State and Zip Code)	37
For further information c	oncerning this matter, please c	all:	
		at ()_ (Area Code & Daytime Tel	
(Name	of Person)	(Area Code & Daytime Tel	ephone 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Liberty Lectric (Must end with the words "Limited Liability Company, "Limited	LLC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: 7704 NW MLK Road Bristol, F4 32321
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
	TLK Road Tess (P.O. Box NOT acceptable) FL 32321 Ind Zip TO NOT ACCEPTABLE TO PROTECT OF THE STATE OF TH
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	discept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of performance of my duties, and I am familiar with gistared agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNA 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.) Typed or printed name of signee

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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