LOS000 112178

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



700061268287

11/16/05--01024--009 **155.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WS OR

Angel's Kaper.

TRANSMITTAL LETTER

TO: Registration Second Division of Corporation Subject:	porations Adable ELECT	Frie of M14 Liability Company)	Mi LLC.
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Noe	el Angel K	Invera	
	(F	Firm/Company)	
9269	SW. 221 ST.		ZIII. TAL
1	0.001	(Address)	CRE NO
M	AMI FL.	33/90 State and Zip Code)	W 16 PI
	(City/i	State and Zip Codey	PH 2: 02 IF STATE FLORIDA
For further information	concerning this matter, please	call;	02 107
Noel Ange	Rivera	at (<u>786</u>) <u>271-</u> (Area Code & Daytime Te	4798
(1) ame	of Person)	(Area Code & Daytime Te	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)
COTTO IT	er Abbrece.	BEATT ENION A	nonecc.

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY_COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Electric of Miami LLC.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
9269 SW ZZI ST	9269 SW. 201 ST
Miami FL. 33/90	MIAMI FL 33190
ARTICLE III - Registered Agent, Registered	AGA V
The name and the Florida street address of the relationship of the Noel Angel Name	Kilea = m
9269 Sw 221 Florida street add	ST PRA
Miami City State a	FL 33190

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)

ARTICLE IV- Manager(s) or Managing Member(s	A	RTICL	Ε	IV-	Manager(s)	or Managing	Member(S)
---	---	-------	---	-----	----------	----	-------------	---------	---	---

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

MGRM" = Managing Member MGR NOEL AMEL RIVERA 12.69. SWU 221 ST. MIAMI #L 33.190 Sharon Casilla 21.60. Sw. 104 ST # 104 MIAMI #I 33.190 ASECRETARY OF STATE ASSECTATION (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.	Title:	Name and Address:
MGRM" = Managing Member MGR NOEL AMEL RIVERA 12.69. SWU 221 ST. MIAMI #L 33.190 Sharon Casilla 21.60. Sw. 104 ST # 104 MIAMI #I 33.190 ASECRETARY OF STATE ASSECTATION (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.	"MGR" = Manager	
MGR Sharon Casilla JIGOD Sign. 104 57 # 104 MIAMI #1 33190 SECRETARY OF STATE MIAMI #1 33190 VISE attachment if necessary) NOTE: An additional article must be added if an effective date is requested.	"MGRM" = Managing Member	
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.	MGR	Noel Angel Rivera
Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		1117111 4 5 5 1 9 0
Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.	MGK	Sharon Casilla
Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		MIAMI & 33190
Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		200 TAL
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		FC 95 ×
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		V 74
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		
NOTE: An additional article must be added if an effective date is requested.	(Use attachment if necessary)	HOF P
REQUIRED SIGNATURE:	NOTE: An additional article mus	t he added if an effective date is requested
REQUIRED SIGNATURE:	1.012. An additional at their mus	ST S
	REQUIRED SIGNATURE:	

NOEL ANGEL RIVERA

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.)

ryped 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)