## L06000003662

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
☐ PICK-UP WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE WISH AND STALLAHASSEE, FLORIDA WALLAHASSEE, FLORIDA W

JAN 1 1 200

## **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT: MCC	Ormick El	ectric 11 C	
The enclosed Articles of C	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
Sha	una R. Bo	Orineau Name of Person)	<i>₽ω Θ</i>
_ Mac	ornick É	lectric LLC	O6 JAN SECRET
1810 1	Deerwood 1	Fim/Company)	ARY OF BIAT
Green	VIIIe FLori	(Address)  Aa 32331 State and Zip Code)	LORIDA STATE 4: 04
For further information co	oncerning this matter, please	call:	-
Shauna	Barineau (Person)	at (	7 0949 elephone Number)
Enclosed is a check for			
\$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	Street/Courier Address Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

43.5

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OG JA TALLA		
McCormick Electric LLC	HASSE I		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC	C," or "L.C.,"		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I	Liability Company is:		
Principal Office Address:  Mailing Address:			
1810 Deerwood Blvd 1810 Deerwo	ad Blvd		
· Sienville t	L_52331		
ARTICLE III ~ Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:  Shawa Barineau  Name	O 1 / 1 / OG		
1810 Deer wood Blvd &: Florida street address (P.O. Box NOT acceptable)			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appointment as th the provisions of all ım familiar with and		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Manager and address of each Manager	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Warren MGR	Warren R. McComuck 1810 Deerwood 131vd Greenville FL 32331
<del></del>	O6 JAN I
(Use attachment if necessary)	FOR SECULOR DA
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: 0/. 11 DLa. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	7

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

WARREN McCoRmick

Typed or printed name of signee

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