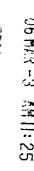
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(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone#	9
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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	Office Lies Only	1 /WOI



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# **COVER LETTER**

Registration Section

TO:

Divis	ion of Corp	porations				
SUBJECT:	Modu	lar Electric Contracti	ng LLC			
SOBSECT			d Liability Company)	<del></del> .	-	
The enclosed A	Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return a	ill correspo	ndence concerning this matte	r to the following:			
	Eugene	Ashman				
		0	Name of Person)			
ŀ	Eugene	D. Ashman CPA				
<del></del>		(	Firm/Company)			
	P.O. B	ox 3990			ZE SE	VO TAX
			(Address)			Si X
	Spring	Hill, FL 34606-3	990			را د
		(City	/State and Zip Code)		O.E. S.	<u> </u>
For further inf	ormation c	oncerning this matter, please	call:		AGE	AH 11:25
Eugene A	shman		at ( 352 ) 666-555	7		
	(Name o	of Person)	(Area Code & Daytime Te	lephone Number)	_	
Enclosed is a	check for	the following amount:				
\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is ex	tus &	
		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	าร		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:	
Modular Electric Contracting LLC		
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC	C," or "L.C.,")
ARTICLE II - Address:		₹ <u>g</u>
The mailing address and street address of	of the principal office of the Limited L	Liability Company
Principal Office Address:	Mailing Address:	
1215 Altoona Avenue	1215 Altoona Avenue	
Spring Hill, FL 34609	Spring Hill, FL 34609	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	wn Registered Agent. You must designate an indi	
Mary Pat Coleman		
	Name	
1215 Altoona Drive		
Florida	street address (P.O. Box NOT acceptable)	
Spring Hill	3460Q	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

	<u>Title:</u> "MGR" = Manager		Name and Address:			
	"MGRM" = Manager					
	MGRM		Mary Pat Coleman			
		-	1215 Altoona Avenue	-		
			Spring Hill, FL 34609	- -		
	MGRM		Mitchell Goodrich			
		-	4935 Pennsbury Drive	_		
			Tampa, FL 33624		~	
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	(Use attachment if	nacaccamil				
	(Ose attachment ii	necessary)				
ADTIC	T F V. Effective de	to if other than the dat	e of filing: March 6, 2006 . (OPTIO	ANIA I	`	
			pecific and cannot be more than five business			
	days after the date		ectic and caunot be more than five business	uays	him	
10 01 70	days and the date	or ming.				
	REQUIRED SIGN	NATURE:				
	_	Maay Pal	Coleman			
	S	ignature of almember or	an authorized representative of a member.			

that the facts stated herein are true.)

Mary Pat Coleman

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### 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)