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(Requestor's Name)	
(Address)	
(Áddress)	700068617967 03/24/0601045023 **125.00
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: HU TC C	68 752 - 2
EFFECTIVE DATE	: : : : : : : : : : : : : : : : : : :

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M. HODGES

COVER LETTER

TO:	Registration S Division of Co					
CUDIE	ст. Energ	ıv Lab Gallerv. LLC	:			
SUBJE	SUBJECT: Energy Lab Gallery, LLC (Name of Limited Liability Company)					
The end	closed Articles o	of Organization and fee(s) are s	ubmitted for filing	g,		
Please	return all corresp	oondence concerning this matte	er to the following	; :		
	Cesar A.	Perales, JR.				
•			Name of Person)			
ļ	Energy L	ab Gallery, LLC				
•	······································		Firm/Company)			
	137 King	Street				
•	-		(Address)			
,	St. Augu	stine, Florida 32	2084			
(City/State and Zip Code)						
For furt	her information	concerning this matter, please	call:			
Cesa	ar Perales		at (904	347-74	52	
-1, , 1, 1, , , , , , , , , , , , , , , 	(Name	of Person)	(Area Code	& Daytime To	52 elephone Number)	
Enclose	ed is a check fo	or the following amount:				
9 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	/	\$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	Registration of Clifton Board Exercise 2661	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2006

CESAR A. PERALES, JR. 137 KING STREET ST. AUGUSTINE, FL 32084

SUBJECT: ENERGY LAB GALLERY, LLC

Ref. Number: W06000014855

We have received your document for ENERGY LAB GALLERY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 24, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 806A00021017

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Engrave of College 11.0			
Energy Lab Gallery, LLC (Must end with the words "Limited Liability Compar	y, "Limited Company" or their abbreviation "LLC	"or "[C "]	
(Must end with the words Emilieu Elabinty Compar	ry, Elimica Company of their appreviation EEC	, or e.c.,)	
ARTICLE II - Address:			
The mailing address and street address of	of the principal office of the Limited Li	iability Company is:	
_	•		
Principal Office Address:	Mailing Address:		
137 King Street St. Augustine, FL 32084	137 King Street St. Augustine	El 32084	
137 King Street St. Augustine, 1 L 52004	107 Tring Officer Or. Augustine	, 1 L 02007	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
		8 8 8 S	
Cesar A. Perales, Jr.		3.	
	Name		
137 King Street		Charles Charles	
Florida street address (P.O. Box NOT acceptable)		The state of the s	
St. Augustine	_{FL} 32084		
City, State, and Zip		ි. ්.ජූ	
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 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..

istered 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Cesar A. Perales, Jr. 6540 Pine Circle N. St. Augustine, FL 32095
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 03-01-06 04-01-06. (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 SIGNATURE:

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.)

Cesar A. Perales, Jr.

Typed 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)

JAMES R. WISEMAN
Notary Public, State of Florida
My comm. expires March 3, 2008
Comm. No. DD 285930

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