# 

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  HO	
EFFECTIVE DATE 4-11-06	





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#### TRANSMITTAL LETTER

	A.P. ELECTRIC, L.L.C.		
SUBJECT: (Name of Limited Liability Company)			
The enclosed A	rticles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Helen Watson		
	(Name of Person)		
	A Better Business & Tax Service, Inc.		
	(Firm/Company)		
	600 Goodlette Road N., Ste. 104		
***************************************	(Address)		
	Naples, Florida 34102		
	(City/State and Zip Code)		
For further info	rmation concerning this matter, please call:		
	Helen Watson at ( 239 ) 263-0829		
	(Name of Person) (Area Code & Daytime Telephone Number)		

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

	FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - N The name of the		bility Company is:
	A.P.	ELECTRIC, L.L.C.
ARTICLE II - A	Address:	

### Principal Office Address:

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7581 Carrier Road	7581 Carrier Road
Ft. Myers, FL 33912	Ft. Myers, FL 33912

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Andrew T. Perkins	35
Name	
7581 Carrier Road	· ·
Florida street address (P.O. Box NOT acceptable)	5
Ft. Myers, FLORIDA 33912	5 53
City, State, and Zip	300 N

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mer	mber
MGRM	Andrew T. Perkins
	7581 Carrier Road
	Ft. Myers, FL 33912
MGRM	Kristen M. Perkins
	7581 Carrier Road
	Ft. Myers, FL 33912
The L.L.C. shall	y) encement of Existence be deemed to commence on the 11th day
of April, 2006.	
NOTE: An additional art	icle must be added if an effective date is requested.
REQUIRED SIGNATUR	E: ///_
Signature of a pr	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
	Andrew T. Perkins
	Typed or printed name of signee

- Filing Fees: \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)