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TO: Registration Section Division of Corporations	
SUBJECT: DAUGHTRY & SON ELECTRICAL CONTRACTORS L.L.C (Name of Limited Liability Company)	-
(Name of Difficot Datesing Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GARY L. DAUGHTRY	
(Name of Person)	
DAUGHTRY & SON ELECTRICAL CONTRACTORS L.L.C	
(Firm/Company)	
6934 TOM ROBERTS ROAD	
(Address)	1
TALLAHASSEE, FL. 32305	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
GARY L. DAUGHTRYat (850) 509-4185	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, \$\bigcup \text{\$Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$Certified Copy (additional copy is enclosed)} \$\bigcup\$	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	pany is:
DAUGHTRY & SON ELECTRICAL CON	TRACTORS L.L.C
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6934 TOM ROBERTS ROAD	6934 TOM ROBERTS ROAD
TALLAHASSEE, FL. 32305	TALLAHASSEE, FL. 32305
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another.
The name and the Florida street address	of the registered agent are:
GARY L. DAUGHTRY	Name

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

Florida street address (P.O. Box NOT acceptable)

FL 32305

Registered Agent's Signature (REQUIRED)

6934 TOM ROBERTS ROAD

TALLAHASSEE

(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:

HODIA	mber	
MGRM	GARY L. DAUGHTRY	
	6934 TOM ROBERTS ROAD TALLAHASSEE, FL. 32305	
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		SASTING.
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	<u>D</u> : 6	_
(Use attachment if necessa	ry)	
SECURES EN ET TION LAS LA SALA SOLA	er than the date of filing: $9-2/-06$ (OPTIONAL)	
	ate must be specific and cannot be more than five business days pr	ior
90 days after the date of filin		

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.)

GARY L. DAUGHTRY

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)