L0700002535/

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(0.13,-0.11,0.10,10,11)		
PICK-UP WAIT MAIL		
(During Fast, Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
, i		
·		

Office Use Only



100089241431

03/07/07--01917--025 **125.00

OT MAR -7 PM 2: 307 MAR -7 PM 2: 29
SECKLIARY OF STANDERANDS COMPOSATION
ALL AHASSEE FLOORINGS COMPOSATION

COVER LETTER

٠,

TO: Registration Section Division of Corporations		
SUBJECT: Professional Clectrical + Property Solutions LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Rusty O'Steam (RUSTY O'STEAN)		
Professional Electrical + Property Solutions (Firm/Company)		
1151 Carr Lane		
(Address)		
Tallahause, Fl. 32312		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850) 878-993 830 \(\text{\ti}\text{\tinte\text{\til\tii}\text{\text{\texi}\til\text{\text{\text{\text{\text{\t		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ \end{Text{Certified Copy (additional copy is enclosed)} \$\ \end{Text{Certified Copy (additional copy is enclosed)} \$\ Text{Certified Co		
Mailing Address Street/Courier Address		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
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:

Professional Electrical +1	Dioperty Solutions LLC
(Must end with the words "Limited Liability Company, "Limite	d Company for their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
The maning address and street address of the pr	morpar office of the Emmod Elability Company is.
Principal Office Address:	Mailing Address:
151 CARRLANE TANAHASSEE, FI 32312	1/5/ CARR LANE TAILAHASSEE, FI 325/2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are: OF STANDA OF STANDA
Name //5/ CARR L Florida street add	ANC_ Iress (P.O. Box NOT acceptable)
TAllahassee, City, State, a	FL 323/7_ and Zip

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..

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: Title: "MGR" = Manager "MGRM" = Managing Member WSTV DSTent IST CARR LANC TALL, 71. 22317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (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.)

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)