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SECRETARY OF STATE TALLAHASSEE, FLORID

101-13747 8-1-07-

## **COVER LETTER**

Division of Corporat	ions			
SUBJECT: A 1 Quality	Electric Service,	LLC		
	(Name of Limite	d Liability Company).	·	
The enclosed Articles of Orga	mization and fee(s) are s	ubmitted for filing		
Please return all corresponden	ice concerning this matte	er to the following:		
Floyd D. Soude				
	0	Name of Person)		
A 1 Quality Ele	ctric Service, LL	С		
	(	Firm/Company)		
3131 Pine Top	o Dr.			
		(Address)		
Valrico, FI 335	594			
	(City	/State and Zip Code)		
For further information concer	rning this matter, please	cail:		
Floyd D. Souders		at (813) 689-996	8 TAS 20	3
(Name of Per	son)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for the	following amount:		SECRETARY ALLAHASSI	
□ \$125.00 Filing Fee □ 5 Cer	\$130.00 Filing Fee & tificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy S (additional copy is exclosed)	S Samuel
Reg Div P.O	fling Address partition Section ision of Corporations box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	Name:	•	
The name of the	Limited Liability Con	npany is:	
	tric Service, LLC		
(Must end with the w	ords "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC,	" of "L.C.,")
ARTICLE II -			
The mailing add	iress and street address	of the principal office of the Limited Li	ability Company is:
Principal Offic	e Address:	Mailing Address:	
3131 Pine Top Drive		P.O.Box 824	
Valrico, FL 33594		Brandon, FL 33509	
(The Limited Liabilit		egistered Office, & Registered Agent's s own Registered Agent. You must designate an indivi )	
The name and the	he Florida street addres	ss of the registered agent are:	2007 JUL 16 PM 3: 42 SECRETARY OF STATE TALLAHASSEE.FLORIDA
	Nancy L. Ortiz-EG	Professional Service	PRE TO
	-	Name	ASS TO
	3601 Trapnell Gro	ve Lp.	Y P M
	Florid	a street address (P.O. Box NOT acceptable)	OF S
	Plant City	FL 33567	3: L
	C	City, State, and Zip	TE ARIDA
Haring Lame			

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

8-1-07

<u>fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Floyd D. Souders
	3131 Pine Top Drive
	Vainco, FL 33594
MGR <sup>.</sup>	Gloria R. Souders
	3131 Pine Top Drive
	Vairico, FL 33594
<u> </u>	
(Use attachment if necessary)	

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.)
Floyd D. Souders

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)