L07000/079/0

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Regist Division	ration Section on of Corporations		
SUBJECT: _	GURROIAN EL	ECTRIC LLC ited Liability Company)	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return al	l correspondence concerning this ma	tter to the following:	
	HARRY FA	RNACK (Name of Person)	
	GUARDIAN	Electric LL	
		(Firm/Company)	07 OCT 23 PM 2: 53
	P. O. BOX	138	S
		(Address)	73°C
	max welton	WV 24957	OCT 23 PM 2: 53
	(Ci	ity/State and Zip Code)	2
For further info	rmation concerning this matter, pleas	se cali:	မ မ
HARRY	FARNACK (Name of Person)	at (<u>602</u>) <u>727</u> (Area Code & Daytime T	- 8102
•	(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	check for the following amount:		
□ \$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	& I	Name:
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The name of the Limited Liability Company is:

GUARDIAN	Electric	LLC	
(Must end with the words "Limited			ir abbreviation "LLC." or "L.C"

ARTICLE II - Address:

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

Principal Office Address:

2990 UAGO RD

GUARDIAN Electric LLC

PO. Box 128

maxuelton ull 24957

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Consider the processon |

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

Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	HARRY FARWACK PO- Box 138 MAYWELLOW, WU 24957
MGRM	P.O. Box 138 MAXWELTON, WU 29957

(Use attachment if necessary	<i>(</i>)
ffective date is listed, the dat	r than the date of filing: (OPTIONAL to must be specific and cannot be more than five business days
LE V: Effective date, if othe	r than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days.)

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)

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