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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
		
(Business Entity Name)		
(Document Number)		
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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: DON ATKINS ELECTRIC 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:		
DON ATKINS (Name of Person)		
DON ATKING ELECTRIC LLC (Firm/Company)		
10291 COPPER LAKE DR (Address)		
BOYNTON BEACH FLA 33437 (City/State and Zip Code)		
True =		
For further information concerning this matter, please call:		
For further information concerning this matter, please call: Dede A+kins (Name of Person) at (501) 734-4730 33 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:		
DON ATKINS ELECTR (Must end with the words "Limited Liability		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
10291 Copper Lake Dr. Boynton Beach, FI 33437	10291 Copper Lake Dr. Boynton Brach, Fl 33437	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another	
The name and the Florida street address of the registered agent are:		
Dede Atkins		
Name 10291 Copper Lake Do Florida street address (P.O. Box NOT acceptable)		
Boynton Beach City, State, ar	FL 33437 nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and	

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee