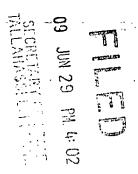
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·		
(Requestor's Name)		_
(Address)		_
(Address)		
(City/State/Zip/Phone #)		_
PICK-UP WAIT	MAIL	
	;	
(Business Entity Name)	,	
(Document-Number)		
Certified Copies : Certificates of Status		· -
	, :	_
Special Instructions to Filing Officer:		l



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Office Use Only

S. HAWKES

JUL 1 - 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of	f Corporations	
SÚBJECT:	Auton	nIQ Power & Light
	Name of Limite	d Liability Company
The enclosed Articl	es of Organization and fee(s) are s	ubmitted for filing.
Please return all cor	respondence concerning this matte	er to the following:
		Kurt Bartels
•		Name of Person
	(sa	me as above)
		Firm/Company
	PC	Box 510783
		Address
	key colo	ony beach, fl, 33051
	City	/State and Zip Code
	Ku	rt@apl-llc.com or future annual report notification)
For further informa	tion concerning this matter, please	•
	K Dankala	200 450 2702
	Kurt Bartels ame of Person	at (209) 456-2782 Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
✓ \$125.00 Filing F	ee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 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:	TALL SECOND
The name of the Limited Liability Company is.	
AutomIQ Power &	Light, LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address:	5 0
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
AutomIQ Power & Light, LLC	AutomIQ Power & Light, LLC
110 5th street	PO BOX 510783 KEY COLONY BEACH, FL 33051
key colony beach, fl 33051	RET COLONY BEACH, FL 35051
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
KURT BAR	TELS
Name	
110 5th s	reet
Florida street address (P.O. I	Box NOT acceptable)
key colony beach	FL
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	except 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 alformance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man . The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:	
· Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	09 JUN 29
MGR	KURT BARTELS 110 5TH STREET key colony beach, fl. 33051	PH 14: 02
MGR	LANCE BARTELS 110 5TH STREET key colony beach, fl. 33051	——————————————————————————————————————
MGR	BOBBY WILLIAMS 2900 SILOAM ROAD PUEBLO, CO 81005	
MGR	BILL LAFFLER 4182 Center Park Drive,	
(Use attachment if necessary)	Colorado Springs, CO 80916	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: e specific and cannot be more than five	(OPTIONAL) e business days pri
Signature of a mamb		
(In accordance with se	er or an authorized representative of a member ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of per erein are true.)	n
Ту	KURT BARTELS /ped or printed name of signce	_

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)