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C. LEWIS

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EXAMINER

COVER LETTER

≒ TO:	Registration Se Division of Cor							
SHRII	·CT·	An	vthind	g Solar	LLC			
SUBJE	Name of Limited Liability Company							
The en	closed Articles of	Organization and fee(s) are	submitte	ed for filir	ıg.			
Please	Please return all correspondence concerning this matter to the following:							
	James Gearhart							
	Name of Person							
	Anything Solar LLC							
	Firm/Company							
	6055 Chester Avenue							
			Add	dress				
	Jacksonville, FL. 32217							
	City/State and Zip Code							
	gearheart@comcast.net E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
	 	Gearhart	_ at (904)	742-1140		
	Name o	f Person		Area Coo	le & Daytime	Telephone Number		
Enclos	sed is a check for	r the following amount:						
\$125.	00 Filing Fee 【	\$130.00 Filing Fee & Certificate of Status	Ce	rtified Co	ng Fee & opy by 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		Registra Division Clifton I 2661 Ex	Courier Addraged tion Section of Corporat Building secutive Centures, FL 3236	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

nr LLC y Company," "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is: Mailing Address: Anything /solar LLC 6055 Chester Avenue Jacksonville, FL 32217
ncipal office of the Limited Liability Company is: Mailing Address: Anything /solar LLC 6055 Chester Avenue
Mailing Address: Anything /solar LLC 6055 Chester Avenue
Anything /solar LLC 6055 Chester Avenue
6055 Chester Avenue
·
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
Avenue Box NOT acceptable) FL
arhart Signature
F 22 F
Avenue
Box NOT acceptable)
FL OR 2
d Zip
ccept service of process for the above stated limited his 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 tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

FILED

	The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MGRM	Sandra Lythgoe				
	85644 Blackmon Rd. Yulee, FL 32097				
MGR	James Gearhart				
	2811 Cherokee Avenue	· · · · · · · · · · · · · · · · · · ·			
	Jacksonville, FL 32210				
					
					
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)					
REQUIRED SIGNATURE:	er or an authorized representative of a memb				
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perj	n			
	Sandra Lythgoe				
Filing Fees:	ped or printed name of signee				
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	Ü				