L0900014955

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL					
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: (Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only

S. HAWKES

AUG _ 5 2009

EXAMINER



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S. HAWKES

HT 2 1 2003

EXAMINER



July 23, 2009

CHARLES I HACKETT 10555 HENNESSEY AVE HASTINGS, FL 32145

SUBJECT: CHARLES ELECTRICAL SERVICE, LLC

Ref. Number: W09000033599

We have received your document for CHARLES ELECTRICAL SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 609A00025298

COVER LETTER

•	ion Section of Corporations	
SUBJECT:	Cha	rles Electrical LLC
	Name of Limit	ed Liability Company
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.
Please return all co.	rrespondence concerning this mat	ter to the following:
	Ch	arles I. Hackett
		Name of Person
	Char	les Electrical LLC
		Firm/Company
	10555	5 Hennessey Ave
		Address
,	Has	stings, Ft. 32145
		y/State and Zip Code
V Chr	erles electric	O ATT, NET or future annual report notification)
For further information	tion concerning this matter, please	
	, r	-
	arles I. Hackett	at (904) 824-5265
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
∑\$125.00 Filing F o	ee \$\int_\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$155.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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TALLANDER OF STATE
OMPANY FLORIDA

	ON THE COURT AND THE STATE OF T
ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
	Electrical LLC
(Must end with the words "Limit	ted Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10555 Hennessey Ave	10555 Hennessey Ave
Hastings, Fl. 32145	Hastings, Fl. 32145
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Cha	ries I. Hackett
	Name
10555	Hennessey Ave
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Hastings, Fl. 32	
City,	State, and Zip

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)

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

09 18:4	l FAX	8664384023	SCOTT SILVER	☑ 003/0
				09 AUG 3 PH 1:49 follows: 1.49
•		,	Page 1 of 2	AUG 3 CD
ART	TCT.E	IV_ Manager(s) or	· Managing Member(s):	William Py 1:10
			Manager or Managing Member is as	follows: S. A. A. S. A. A. S.
Title			Name and Address:	ONIOA
		Manager - Managing Member	:	
MGF	RM_		Charles I. Hackett	
			10555 Hennessey Ave	
			Hastings, Fl. 32145	
		 :-		
				
(Use	attachi	ment if necessary)		<u>.</u>
·		•,		
CLE V. effectiv	: Effe e date	ctive date, if other the	an the date of filing: cust be specific and cannot be more	(OPTIONAL) than five husiness days prior
0 days	after t	he date of filing.)	ase be specific and cannot be more	man nve business anys prior
REO	UIRE	<u>D</u> SIGNATURE:	·1 /1	
1000		Chi	I Started	
		Signature of a r	nember or an authorized representative o	of a member.
		of this documen	with section 608.408(3), Florida Statutes, the teconstitutes an affirmation under the penalt ted herein are true.)	e execution ties of perjury
			Charles I. Hackett	
	Filing	Fees:	Typed or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)