

L10000038508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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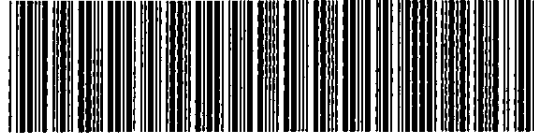
(Business Entity Name)

(Document Number)

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10 APR - 8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/08/10--01010--016 **130.00

EFFECTIVE DATE

6/1/10

N. Orlan APR - 9 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BISHOP ELECTRIC & CONSULTING 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:

JAMES O. BISHOP

Name of Person

BISHOP ELECTRIC & CONSULTING LLC

Firm/Company

PO BOX 14

Address

FLORIAL CITY, FL 34436

City/State and Zip Code

JAMES.BISHOP86@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James O. Bishop

Name of Person

at (352)

799-8513

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing 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 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:

BISHOP ELECTRIC & CONSULTING LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9486 E. NEW HOPE COURT
FLORAL CITY, FL 34436

Mailing Address:

PO BOX 14
ISTACHATTA FL 34636

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:

JAMES O. BISHOP

Name

9486 E. NEW HOPE COURT

Florida street address (P.O. Box **NOT** acceptable)

FLORAL CITY FL 34436

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

James O. Bishop

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAMES O. BISHOP

PO BOX 14

ISTACHATTA FL 34636

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 1, 2010 (OPTIONAL)

(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:

James O. Bishop
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 that the facts stated herein are true.)

JAMES O. BISHOP

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)