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S. HAWKES

JUL 2 2010

EXAMINER

COVER LETTER

	istration Section sion of Corporations
SUBJECT:	Absolute Power 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:
	hristopher J. Melej Name of Person
	Absolute Power Electric LLC Firm/Company
	3601 Mobile Mighway
	Pensacola / Florida / 32505 City/State and Zip Code
	Joels 411@ gmail.com E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
Christo	Pher J. Melei at (850) 698-2247 Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
□\$125.00 Fili	ing Fee \$\sum \frac{1}{2}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: Absolute Power Electric 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: Mailing Address: 3601 Mobile Hwy Pensacola FL 32505 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: Licistopher J Melei

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 (REOUIRED)

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

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Christopher J Melei 3601 Mobile Highway Pensarola FL 32508
(Use attachment if necessary)	the date of filing (ODTIONAL
CLE V: Effective date, if other than t effective date is listed, the date must	the date of filing
CLE V: Effective date, if other than t	the date of filing
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing. . (OPTIONAL to be specific and cannot be more than five business days are considered.
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of this document content that the facts stated	the specific and cannot be more than five business days The property of a member. Section 608.408(3), Florida Statutes, the execution should be specificated in the penalties of perjury herein are true.)
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Church phe Signature of a men (In accordance with of this document contact that the facts stated that the facts stated the contact that the facts stated the contact the con	the specific and cannot be more than five business days The property of a member. Section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury herein are true.) Typed or printed name of signee

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