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S. HAWKES

SEP 17 2010

EXAMINER

COVER LETTER

	Registration S Division of Co			
SUBJEC	r: Get Wir	ed Electric, L.L.C.		
		Name of Limit	ed Liability Company	
The enclo	sed Articles o	of Organization and fee(s) are	submitted for filing.	
Please ret	urn all corresp	pondence concerning this matt	er to the following:	
<u>Ti</u>	ldon Jerem	y Williamson		· · · · · · · · · · · · · · · · · · ·
			Name of Person	
G	et Wired Ele	ectric, L.L.C.		
			Firm/Company	
<u>P.</u>	O. Box 241	2		
- 1-			Address	
Ri	verview, Fl			·
			y/State and Zip Code	
	IdonWilliam	son@bellsouth.net E-mail address: (to be used to	or future annual report notification)	
For further	r information	concerning this matter, please	e call:	
Tildon J	eremy Willi	amson	at (850) 377-3897	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed	is a check f	or the following amount:		
⊒\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Comorations	

P.O. Box 6327 Tallahassee, FL 32314 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 Compa	any is:			
	ed Liability Company, "L.L.C.," or "LLC.")			
Get Wired Electric, L.L.C.				
****	ed Liability Company, "L.L.C.," or "LLC.")			
ANDROLES				
ARTICLE II - Address:				
The mailing address and street address of	the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5711 Legacy Crescent Place	P.O. Box 2412			
Apt.#101	Riverview, Fl. 33578			
Riverview, Fl. 33578				
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:			
Tildon Jeremy Willia				
	Name			
5711 Legacy Cresc	ent Place Apt.#101			
Florida st	Florida street address (P.O. Box NOT acceptable)			
Riverview	FL 33578			
	City, State, and Zip			
liability company at the place designat	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as			

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)

Page 1 of 2

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

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

	Title: "MGR" = Manag "MGRM" = Mar	•	Name and Address:			
	MGR		This to a APPI	78 60		
	IVIGR		Tildon Jeremy Williamson	- 10 10 10		
			5711 Legacy Crescent Place Apt.#101			
			Riverview, Fl. 33578			
÷	MGRM		Jennifer Jean Williamson	6 MII: 51		
			5711 Legacy Crescent Place Apt.#101			
•			Riverview, Fl. 33578			
				7		
						
(If an		ted, the date must be spate of filing.)	e of filing: pecific and cannot be more than fiv			
	Signature of a member of 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.)					
		Tildon Jeremy Williamso Typed	or printed name of signee			
	Filing Fees	1				

0

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)