

L10000112488

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

OCT 28 2010

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
NORTHERN ELECTRICAL CONTRACTOR OF MIAMI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
10 OCT 27 AM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 OCT 27 AM 9:07
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Electronic Filing Menu

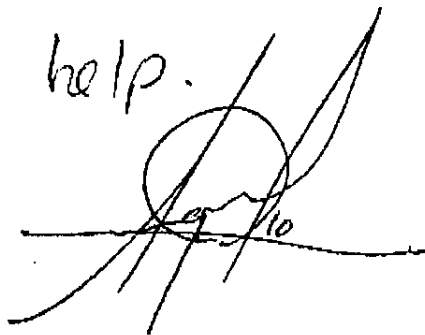
Corporate Filing Menu

Help

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I
ANGEL A. ARBELO PRESIDENT
OF NORTHERN ELECTRICAL CONTRACTOR,
INC. WILL LIKE TO USE A SIMILAR
NAME IN THE OPENING OF A NEW
LLC.

Thanks for your help.

A handwritten signature in black ink, appearing to read 'Angel A. Arbelo', written over a horizontal line.

ANGEL A. ARBELO.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHERN ELECTRICAL CONTRACTOR OF MIAMI, LLC
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:3008 NW 79 AVE
DORAL, FL 33122Mailing Address:3008 NW 79 AVE
DORAL, FL 33122

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:

ANGEL ARBELO
Name3008 NW 79 AVE
Florida street address (P.O. Box NOT acceptable)
DORAL FL 33122
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)

(CONTINUED)

Page 1 of 2

H10000234171

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

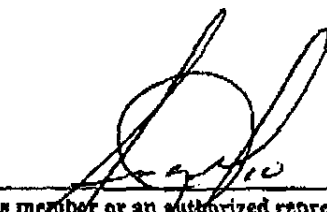
ANGEL ARDELO
3008 NW 79 AVE
DORAL FL 33122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-11 (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:



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.)

ANGEL ARDELO

Typed or printed name of signer

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)

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