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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

FEB - 4 2011

EXAMINER

COVER LETTER

į	COVERLETTER	
•	TO: Registration Section Division of Corporations	ĵ
	SUBJECT: Electric Shamrock 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:	
	Kevin P. O'Grady	
	Name of Person	
	Electric Shamrock LLC	
	Firm/Company	
	2725 Hwy A1A, #405	7
	Address	=
	Indialantic, FL 32903 City/State and Zip Code kevin@electricshamrock.com	ור כ
	City/State and Zip Code	•
	kevin@electricshamrock.com	_
	E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Kevin P. O'Grady at (404) 316-2539	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
G	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclos	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



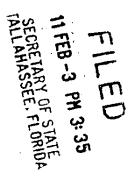
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2011

KEVIN P. O'GRADY ELECTRIC SHAMROCK LLC 2725 HWY A1A, #405 INDIALANTIC, FL 32903

SUBJECT: ELECTRIC SHAMROCK LLC

Ref. Number: W11000004512



We have received your document for ELECTRIC SHAMROCK 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 811A00002028

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ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Electric Shamrock LLC	Fig. 2
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2725 Hwy A1A, #405	2725 Hwy A1A, #405
Indialantic, FL 32903	Indialantic, FL 32903
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Same Same Same Same Same Same Same Sam	tred Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: O'GRADY ame Ly AIA, #405 t address (P.O. Box NOT acceptable) C FL 32903 v, State, and Zip
INDIALANTI City	C FL 32903 , 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..

egistered Agent's Signature (REQUIRED

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Kevin P. O'Grady
	2725 Hwy A1A, #405
	Indialantic, FL 32903
	AS -
	<u> </u>
	Service Services
	—————————————————————————————————————
	ATE 35
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	er than the date of filing: (OPTION te must be specific and cannot be more than five business date
LEV: Effective date, if othe ffective date is listed, the date	er than the date of filing: (OPTION te must be specific and cannot be more than five business date.)
CLE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURI	er than the date of filing: (OPTION to must be specific and cannot be more than five business day.) E: The Second Sec
CLE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURI	er than the date of filing: (OPTION te must be specific and cannot be more than five business date.)
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing EEQUIRED SIGNATURI Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third details of the constitutes at the day constitutes at the day constitutes at the constitu	er than the date of filing:
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing EEQUIRED SIGNATURI Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third details of the constitutes at the day constitutes at the day constitutes at the constitu	er than the date of filing: (OPTION to must be specific and cannot be more than five business date.) E: The second of a member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation

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