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2011 FEB 15 MM W: 21
SECRETARY OF STATE
AND ABASSEE, FLORID

T. CLINE FEB 1 6 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alachua Electric, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teveny D. Turner Name of Person
Alachua Electric, LC
11916 NW 1974 Terr
Alachua, FL 32615 City/State and Zip Code
City/State and Zip Code alachuaelectric@gmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (352) 871-0385
Enclosed is a check for the following amount:
\$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)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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-	Γl	ıe	n	am	e o	f t	he	Limit	ed	Liabilit	y Co

mpany is:

ARTICLE II - Address:

Principal Office Address:

ARTICLE L. Names

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

Mailing Address:

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:

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

Alachua, FL 32615
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..

red Ågent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Tereny D. Turner 11916 NW 1974 Terr. Alachua, FL 32615
·	
(Use attachment if necessary)	
ICLE V: Effective date, if other th	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
ICLE V: Effective date, if other the effective date is listed, the date is	<u> </u>
CICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE:	<u> </u>
CICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmatic I am aware that any false)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State
PICLE V: Effective date, if other the effective date is listed, the date is 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmatical am aware that any false constitutes a third degree.)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State
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ICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmatic 1 am aware that any false constitutes a third degree that the sections of the sections of the section of the	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.) Typed or printed name of signee