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C. LEWIS

MAR 3 0 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
A)	poi attons		
SUBJECT: Custon	ner 1st Electric l	LC	Mark 26/1,
		ed Liability Company	/ /
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
William Ma	alyska		
		Name of Person	
N/A			
		Firm/Company	— <u>, , , , , , , , , , , , , , , , , , ,</u>
1866 NIM :	100 Terrace		
4000 1111	100 Terrace	Address	
		Addiess	
Coral Spring	s/ FI/33076		
	Cit	y/State and Zip Code	
harrym@gate			
	E-mail address: (to be used f	or future annual report notification)	
For further information co	oncerning this matter, please	e call:	/¬
		Cell 407 666 370	57
William Malyska		at (954) 346 0362	,,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
Name of	Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
	1	<u></u>	1 .
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ice of the Limited Liability Company is: Address:
Address:
V 100 Terrace
prings, FL
gent are: ALLAHAR
29 Assr
ox NOT acceptable)
ox NOT acceptable)
ox NOT acceptable) FOR STATE OF STATE
,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 MAR 29 AM 10: 51

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:	SECRETARY OF ST TALLAHASSEE, FLO
"MGRM" = Managing Member MGRM	William Malyska 4866 NW 100 Terrace	
	Coral Springs, FL, 33076	
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

William Malyska

Typed or printed name of signee

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)