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DEPARTMENT OF STATE

11 JUN 27 PH 12: 31

COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations SUBJECT: ROB'S ELECTRIC LLC Name of Limited Lightlity Company		
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: LASHELLE KEEL		
Firm/Company		
58 SIOUX CIRCLE		
Address		
HAVANA, FL 32333		
City/State and Zip Code		
ronbenfield@bellsouth.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LASHELLE KEEL 539-5171		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & S155.00 Filing Fee & S160.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROB'S ELECTRIC LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
400 CAPITAL CIRCLE SE #18-305	400 CAPITAL CIRCLE SE #18-305
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301
	· · · · · · · · · · · · · · · · · · ·

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:

LASHELL	E KEEL
	Name
58 SIOU	JX CIRCLE
-	Florida street address (P.O. Box NOT acceptable)
HAVANA	_{FL} 32333
	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

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

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

IGRM	ROBERT HILL 400 CAPITAL CIRCLE SE #18-305
	TALLAHASSEE, FL 32301
MGRM	RAFAEL FRIAS
	400 CAPITAL CIRCLE SE #18-305
	TALLAHASSEE, FL 32301
Use attachment if necessary)	
EV: Effective date, if other than the	ne date of filing: (OPTIO)

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.)

LASHELLE KEEL

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Robert Hill managing member OF Robs Electric LC (LOFO00105271) have no intention of Reinstating thes Limited Cabity Corporation.