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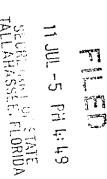
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. BOSTICK

JUL - 6 2011

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section Corporations	
SUBJECT: BCI	Electric, LLC	
	Name of Limi	ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corn	respondence concerning this mat	tter to the following:
Ob a day	- All	
Charles	s Allen	Name of Person
BCI Ele	ectric, LLC	
		Firm/Company
11034	SW 155th Terrace	
		Address
Miomi F	1 22457	
Miami, F		ty/State and Zip Code
Charleso	allen@gmail.com	y
<u> </u>		for future annual report notification)
For further informati	ion concerning this matter, pleas	e call:
5		
Charles Allen		at (305) 519-3416
Na	me of Person	at (305) 519-3416 The Area Code & Daytime Telephone Number (1)
Enclosed is a check	k for the following amount:	at (305) 519-3416 Area Code & Daytime Telephone Number 751
	_	Dries on Filing Pro & Dries on Filippe
S125.00 Filing Fee	Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		(additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BCI Electric, LLC (Must end with the words "Lin	nited 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:
8870 SW 186th Terrace Miami, FL 33157	8870 SW 186th Terrace Miami, FL 33157
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Charles Allen	own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Charles Allen 11034 SW 1	own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Charles Allen 11034 SW 1	own Registered Agent. You must designate an individual or another soft the registered agent are: Name 55th Terrace

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)

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

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

	Name and Address:
"MGR" = Manager	1
"MGRM" = Managing Men	nber
MGRM	Clifton Allen
	8870 SW 186th Terrace
	Miami, FL 33157
MGRM	Robert Rodriguez
	10050 Dominican Drive
	Miami, FL 33189
	Wilaitii, 1 L 33 109 17 (7)
MGRM	Charles Allen
	11034 SW 155th Terrace
	Miami, FL 33157
	•
	7.5
	<u> </u>
Use attachment if necessar	y)
LE V: Effective date, if other	er than the date of filing: (OPTIC
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LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURI Signature of the date of filing signature of the date of the date of filing signature of the date of the date of filing signature of the date of	er than the date of filing: (OPTIC te must be specific and cannot be more than five business (.) E: 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
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURI Signature of (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIC te must be specific and cannot be more than five business (.) E: 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
fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of the date of filing (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIC te must be specific and cannot be more than five business (.) E: 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

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)