

L11000095041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

AUG 18 2011

EXAMINER

Office Use Only

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900210076969

07/25/11--01021--003 **78.75

08/16/11--01025--001 **46.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 AM 11:28

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2011

FLORIDA INS & ACCT SERVICES
POST OFFICE BOX 651221
MIAMI, FL 33265

SUBJECT: O & J ELECTRIC SERVICES LLC INC
Ref. Number: W11000039208

We have received your document for O & J ELECTRIC SERVICES LLC INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Double suffixes are not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 311A00018302

RECEIVED
11 AUG 12 AM 11:04
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O & J ELECTRIC SERVICES " L LC "
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:

ALBERT PEREZ

Name of Person

FLORIDA INSURANCE & ACCT SERV INC

Firm/Company

P O BOX 651221

Address

MIAMI FL 33265

City/State and Zip Code

keys345 @ comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT PEREZ

Name of Person

at (305) 461-4884

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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 COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O & J ELECTRIC SERVICES "L L C"

(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:

2164 N W 19TH AVE
MIAMI FL 33142

Mailing Address:

2164 N W 19TH AVE
MIAMI FL 33142

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:

JOSE RODRIGUEZ

Name

2164 N W 19TH AVE

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

MIAMI

FL 33142

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)

FILED
AUG 15 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSE RODRIGUEZ

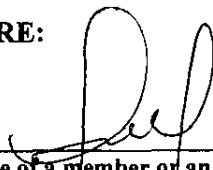
2164 N W 19TH AVE

MIAMI FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 8,2011. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

JOSE RODRIGUEZ

Typed or printed name of signer

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)

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JOSE RODRIGUEZ

Name

2164 N W 19TH AVE

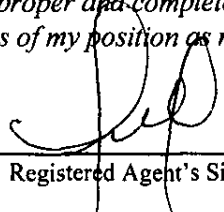
Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33142

City, State, and Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 AUG 15 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSE RODRIGUEZ

2164 N W 19TH AVE

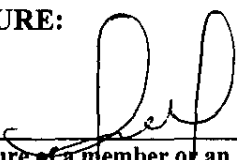
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