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IN OCT 25 ANIL: 47
SECRETARY OF STATE
ALLAHASSEF, FLORICA

COVER LETTER

Registration Section

Division of	Corporations		
SUBJECT: E	Electric Vic "Limited	d Liability Company"	
	Name of Limi	ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Victo	or Wardle	
		Name of Person	
	Electric Vic "Lim	ited Liability Company"	
		Firm/Company	-
	2249) Jarvis Ct.	
 , , , , , , , , , , , , , , , , ,		Address	-
	T b - 170	FI 00400	
		es, Fl 32162 ty/State and Zip Code	-
		e717@gmail.com	
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, pleas	e call:	
Vic Wardle or	Charlotte Adam	at (352) 350-6730	
Nar	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	l)
	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:

Electric Vic "Limited Liability Company"

(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 Ad	dress:	Mailing Address:		
2249 Jarvis Ct. The Villages, FL 32	162	2249 Jarvis Ct. The Villages, FL 3216	2	
	npany cannot serve as its ow	stered Office, & Registered Ag		
The name and the Fl	orida street address o	of the registered agent are:	ALL	==
	Village Tax and	Accounting Service	AH	1 CT 25
_		Name	AS:	2
	918 Rolling	Acres Rd. Suite 5	m -	
~	Florida st	reet address (P.O. Box NOT acceptable	e) FS	
	Lady Lake	_{FL} 32159	F STATE FLORIDA	
-	(City, State, and Zip	DA C	ü
Having been named	l as registered agent a	and to accept service of process fo	r the above state	ed limited

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:

<u>Fitle:</u>			Name and Address:
	= Manager [" = Managing	Member	
MOIC	Managing	IVICIIIOCI	
"MGR"			Victor Wardle
			2249 Jarvis Ct.
			The Villages,FL 32162
"MGRI	√ "		Charlotte Adam
101011			
			2249 Jarvis Ct.
			The Villages, FL 32162
Use atta	chment if nece	essary)	
LE V: E fective d days aft	ffective date, if	other than e date mu iling.)	n the date of filing: (OPTIC ust be specific and cannot be more than five business
LE V: E fective d days aft	ffective date, if ate is listed, th er the date of f	other than e date mu iling.)	
LE V: E fective d days aft	ffective date, if ate is listed, the er the date of f	other than e date multing.)	
Æ V: E ective d lays aft	ffective date, if ate is listed, the er the date of f RED SIGNAT Signat (In accordance constitutes an all am aware tha	other than e date multiplication.) URE: ture of a multiplication affirmation than any false in	ust be specific and cannot be more than five business
Æ V: E ective d lays aft	ffective date, if ate is listed, the er the date of f RED SIGNAT Signat (In accordance constitutes an all am aware tha	Tother than e date multing.) URE: ture of a multiple with section affirmation t any false indirection degree and degree to the section of t	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)