L12000012945

| (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: AND | | | | | |

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Division of Corporations

January 19, 2012

WYLIE HAMILTON C/O PRIME ELECTRIC, LLC 1229 W. MAIN STREET LEESBURG, FL 34748

SUBJECT: SUN STATE SERVICES, LLC

Ref. Number: W12000003204

We have received your document for SUN STATE SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return 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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 212A00001278

COVER LETTER

| TO: | Registration S Division of Co | | • | | | |
|--------------|----------------------------------|---|--|--|--|--|
| SUBJI | ECT: | Sun State | e Services, LLC | | | |
| | | Name of Limite | ited Liability Company | | | |
| The en | closed Articles o | of Organization and fee(s) are | submitted for filing. | | | |
| Please | return all corresp | oondence concerning this matt | tter to the following: | | | |
| | | | Wylie Hamilton | | | |
| | | | Name of Person | | | |
| | | C/O P | Prime Electric, LLC | | | |
| Firm/Company | | | | | | |
| | | 123 | 229 W. Main St. | | | |
| | | | Address | | | |
| | | Lee | esburg, FL 34748 | | | |
| | | Cit | ity/State and Zip Code | | | |
| | | | Oprimeelectriclic.net I for future annual report notification) | | | |
| Fa- 6 | than information | · | · | | | |
| roriui | ther information | concerning this matter, please | se can. | | | |
| | | Hamilton | at (352)728-5966 | | | |
| | Name | of Person | Area Code & Daytime Telephone Number | | | |
| Enclo | sed is a check f | or 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: | |
|--|--|------------------------------------|
| - SUN STATE SERVICES OF CENTR | AL FLORIDA, LLC | |
| (Must end with the words "Limited Li | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Lia | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 1229 W. Main St. Leesburg, FL 34748 | 1229 W. Main St. Leesburg, FL 34748 | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) | | |
| The name and the Florida street address of the | ne registered agent are: | 12 JE SECR |
| Wylie Hamilton | | FIL JAN 27 CRETAR LLAHASS |
| Na | me | |
| 429 Crestrun Lo | mg 3 O | |
| Florida street | address (P.O. Box NOT acceptable) | 9: \$7 STATE FLORID |
| Leesburg | _{FL} 34748 | H 9: 47 F STATE FLORIDA |
| 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:

| | <u>:</u> R" = Manager RM" = Managir | ng Member | Name and Address: | | | |
|-----------|---|--|--|--------------------------|------------------------|------|
| MGR | J | ig Member | Wylie Hamilton 429 Crestrun Loop Leesburg, FL 34748 | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| ARTICLE V | attachment if no attachment if no attachment if no attachment is listed, after the date | , if other than the da | nte of filing: pecific and cannot be more than five b | (OPTION usiness d | JAL) l ays p | rior |
| REQ | OUIRED SIGN | ATURE: | $A \geq a$ | SECRI TALLA | 12 J | |
| | Sig | mature of a member o | r an authorized representative of a member. | HASSE | N 27 | |
| | constitutes I am aware constitutes | an affirmation under th that any false informat a third degree felony as | 08(3), Florida Statutes, the execution of this doc the penalties of perjury that the facts stated herein tion submitted in a document to the Department of provided for in s.817.155, F.S.) | n ar o t rue. | M 9: \$ | EO |
| | | Vylie Hamilton | | ×π | ~ | |
| | | Турес | d 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)