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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2012 FEB 20 AM W: 21
SECRETARY OF STATE
AREA SECRETARY OF STATE

C. LEWIS FEB 2 A 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2012

ROBERT F. BARSTOW / X-TERMINATORS LLC 3821 SW COQUINA COVE WAY **APT 102** PALM CITY, FL 34990

SUBJECT: X-TERMINATORS LLC.

Ref. Number: W12000008766

South Florida x-terminat 2-21-12 We have received your document for X-TERMINATORS LLC. and your check(s) totaling \$130.00. 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 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) 245-6051.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Letter Number: 512A00006724

COVER LETTER

TO: Registration Section Division of Cornorations
Division of Cornerations de the Florida SUBJECT: LLC.
Name of Limited Liability Company
Cano of Emmas Electricy Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert F. BARSTOW Name of Person
South Florida X-terminators LLC.
Firm/Company
2021 (11) CANCIAS II ANT 125
South Florida X-terminators LLC. Firm/Company Coquina 3821 SW COQUETAGE COVE Way APT 102 Address
Palm City FL 34990 City/State and Zip Code
City/State and Zip Code
MN PALMS @ Hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please can.
Robert Barstow at (612) 860-4993 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SOUTH FLORIDA >	X-TERMINATORS LLO	C			
(Must end with the words "	Limited Liability Company, "L.L.	C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	ss of the principal office o	f the Limited	Liability C	ompany is	s:
Principal Office Address:	Mailing Add				
3821 SW COQUITA COVE PALM CFTY FL 3499	<u>way</u> APT 102 3 0 Pan	821 SW CITY FL	Coquina 34990	COVE h	, AY APT 102
3821 SV Flori	its own Registered Agent. You min.) ess of the registered agent Barstow Name Coquing Cove ida street address (P.O. Box No. City, State, and Zip ent and to accept service of	are: Wuy Appl OT acceptable) f process for the	tividual or and	2012 FED 20 AM W: 21 SECRETARY OF STATE interest of the state of the	

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

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF TALLAHASSEE, F
MGR	Robert F BARSTO 3821 SW Coquing C PALM CITY FL BYE	ove way APT 10.
LE V: Effective date, if other than th fective date is listed, the date must	e date of filing:be specific and cannot be more than fi	: (OPTIONAL) ive business days prior
LE V: Effective date, if other than the fective date is listed, the date must leave after the date of filing.)	e date of filing: be specific and cannot be more than fi	: (OPTIONAL) ve business days prior
fective date is listed, the date must leads after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than find the specific and cannot be more than the specific and the specif	ve business days prior

Page 2 of 2

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