

#L/2000/02540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

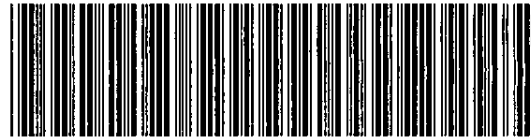
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700237818527

EFFECTIVE DATE
8-2-2012

07/31/12--01013--010 **130.00

FILED
12 AUG -9 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 9 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2012

TYRONE PRESDCOTT
1017 ADELINE AVE.
LEHIGH ACRE, FL 33971

SUBJECT: ELECTRICAL SOLUTIONS LLC
Ref. Number: W12000040350

We have received your document for ELECTRICAL SOLUTIONS 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000008395 "ELECTRICAL SOLUTIONS, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 212A00020090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL AMPS ELECTRIC LLC
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:

Tyrone Prescott
Name of Person

ALL AMPS ELECTRIC LLC
Firm/Company

1017 Adeline Ave
Address

Lehigh Acre FL 33971
City/State and Zip Code

Electrical Solutions LLC @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrone Prescott
Name of Person

at (239) 440-2260
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:

ALL AMPS ELECTRIC LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE
8-2-2012

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1017 Adeline Ave
Lehigh Acres FL 33971

Mailing Address:

1017 Adeline Ave
Lehigh Acres FL 33971

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:

Tyrone Prescott
Name

1017 Adeline Ave
Florida street address (P.O. Box **NOT** acceptable)
Lehigh Acres FL 33971
City, State, and Zip

FILED
12 AUG -9 PM 12:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

Tyrone Prescott
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Tyrone Prescott

1017 Adeline Ave

Lehigh Acres FL 33971

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 2, 2012. (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:

Tyrone Prescott

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.)

Tyrone Prescott

Typed 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)