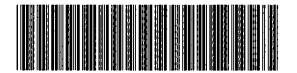
# L12000/13573

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Olty/State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
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Office Use Only



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SECRETARY OF STATE

C. LEWIS

SEP -5 2012

EXAMINER

# COVER LETTER.

TO: Registration Section Division of Corporations	***
SUBJECT: USA Voltage LLC	
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Darrell James Heard	
	Name of Person
	Firm/Company
12645 81st Terrace	
	Address
Seminole FL 33776	
C	ity/State and Zip Code
dheard@hgcllc.biz	E-E
·	for future annual report notification)
For further information concerning this matter, plea-	se call:
Darrell Heard	at ( 248) 343-5079
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$\infty\$\$\$\$\$ \times\$\$ \$\times\$\$\$\$ \times\$\$ \times\$\$ Certified Copy \times\$\$ Certificate of Status &
Certificate of Status	Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Gopy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:		
USA Voltage LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liability Company	is
Principal Office Address:	Mailing Address:	
Darrell James Heard	Darrell James Heard	
12645 81st Terrace Seminole FL 33776	12645 81st Terrace Seminole FL 33776	
Seminole / L 33//0	Seminole FL 33770	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another	
The name and the Florida street address of the r	registered agent are:  Ce  tress (P.O. Box NOT acceptable)	
Darrell James Heard	<b>三</b>	7
Name	· · · · · · · · · · · · · · · · · · ·	717
12645 81st Terra	ce E Z	
Florida street add	tress (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Seminole

(CONTINUED)

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

(s): FILED

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

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MGR	Darrell James Heard	
	12645 81st Terrace	
	Seminole FL 33776	
	<del></del>	
,	<del></del>	
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11 1		
Use attachment if necessary)		

# **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.)

### **Darrell James Heard**

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)