

# L13000009576

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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2013 JAN 17 AM 10:01

**C. LEWIS**

JAN 18 2013

**EXAMINER**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 01/17/2013

**REF. #:** RA3249.179572

**CORP. NAME:** ELECTRICAL SALES PLUS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 103017 FOR \$ 125.00**

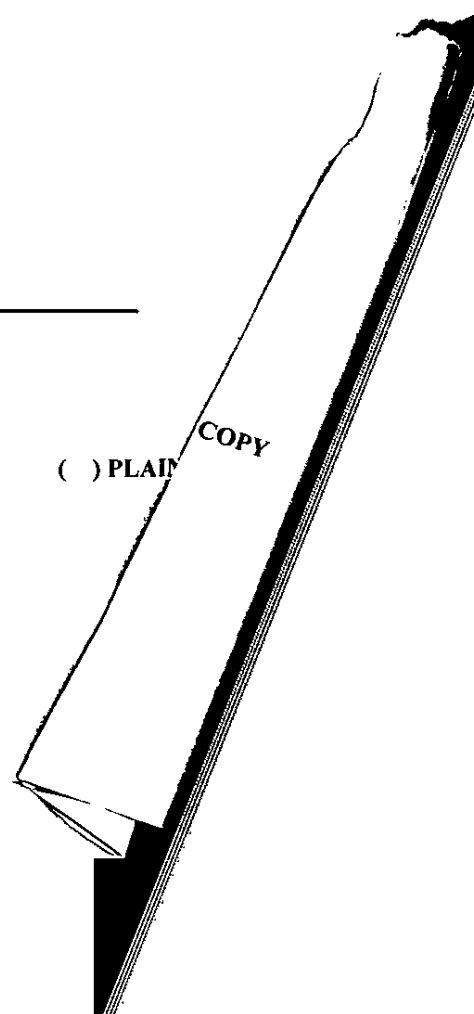
**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |

Examiner's Initials



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DIVISION OF CORPORATIONS

2013 JAN 17 AM 10:01

**ARTICLES OF ORGANIZATION  
OF  
ELECTRICAL SALES PLUS, LLC**


Article I - Name: The name of the Limited Liability Company is ELECTRICAL SALES PLUS, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 1771 Blount Road, Suite 200, Pompano Beach, Florida 33069.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

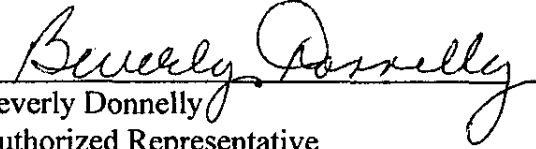
Beverly Donnelly  
10752 Ladypalm Lane, Unit B  
Boca Raton, FL 33498

Having been named as registered agent and to accept service of process of 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.

  
Beverly Donnelly

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

MGRM: Beverly Donnelly  
10752 Ladypalm Lane, Unit B  
Boca Raton, FL 33498

  
Beverly Donnelly  
Authorized Representative  
(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.)