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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

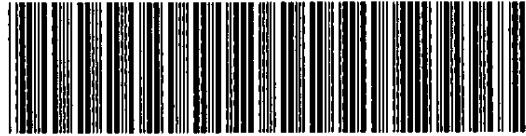
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2013 JUL 30 PM 4:42  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



11600 Ninth Street North  
St. Petersburg, FL 33716  
727.210.0492  
powerdesigninc.us

## LETTER OF TRANSMITTAL

<b>Project:</b>	Power Design Mission Critical, LLC	<b>Date:</b>	July 29, 2013
<b>To:</b>	Registration Section, Division of Corporations	<b>From:</b>	Shelly Field
<b>Address:</b>	Clifton Building, 2661 Executive Center Circle, Tallahassee, FL 32301, (850) 245-6051		

**We are sending you:**

- ☐ Letter      ☐ Prints      ☐ Shop Drawings      ☐ Specifications  
☐ Submittals      ☐ Change Order      ☒ Other:

# of Copies:	Date:	Description:
1		Articles of Organization for Florida Limited Liability Company – Power Design Mission Critical, LLC
1		Check No. 114280 in the amount of \$160.00 for filing Articles of Organization

**These are TRANSMITTED as checked below:**


- ☐ For approval      ☐ Returned for corrections      ☐ For your use  
☒ As requested      ☐ For review and comment      ☐ Other: \_\_\_\_\_

**Remarks:**

Please do not hesitate to contact me should you require anything further or have any questions. Thank you.

Sincerely,

Shelly Field  
(727) 497-2364  
sfield@powerdesigninc.us

<b>Print Name:</b>	Shelly Field	<b>Signed:</b>	
		<b>Date:</b>	July 29, 2013

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Power Design Mission Critical, 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:

**Shelly Field**

Name of Person

**Power Design, Inc.**

Firm/Company

**11600 Ninth Street North**

Address

**St. Petersburg, FL 33716**

City/State and Zip Code

**sfield@powerdesigninc.us**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Shelly Field**

Name of Person

at ( **727** ) **497-2364**

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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Power Design Mission Critical, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

11600 Ninth Street North  
St. Petersburg, FL 33716

#### Mailing Address:

11600 Ninth Street North  
St. Petersburg, FL 33716

### 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:

David H. Redden

Name

11600 Ninth Street North

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33716 FL

City, State, and Zip

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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..*



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

**Name and Address:**

MGRM

Power Design, Inc.

11600 Ninth Street North

St. Petersburg, FL 33716

President

Mitch Permuy

11600 Ninth Street North

St. Petersburg, FL 33716

VPT

Dana Permuy

11600 Ninth Street North

St. Petersburg, FL 33716

VPS

David Redden

11600 Ninth Street North

St. Petersburg, FL 33716

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/1/2013. (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:**



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.)

David H. Redden

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)**

**ADDITIONAL OFFICERS TO BE LISTED WITH FLORIDA SECRETARY OF STATE**

**Vice President:**

Meredith Zdon  
11600 Ninth Street N  
St. Petersburg, FL 33716