

L14000005326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

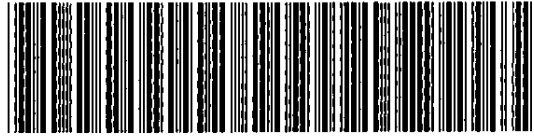
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JAN 10 2013
A. LUNT

Office Use Only



600255302176

01/08/14--01002--015 **125.00

RECEIVED
DEPARTMENT OF STATE
CORPORATION DIVISION
2014 JAN -8 AM 11:51
TO AGENCY FILE
SUFFICIENT FOR FILING

FILED
2014 JAN -8 AM 11:52
DEPARTMENT OF STATE
CORPORATION DIVISION
FALL AND SPRING FILE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

CORPRATE ACCESS, INC.
P.O. BOX 37066
TALLAHASSEE, FL 32315-7066

SUBJECT: ABERDEEN POWER SOLUTION, LLC
Ref. Number: W14000001686

*Resubmit!
Please keep
original file
date!*

We have received your document for ABERDEEN POWER SOLUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 214A00000593

RECEIVED
14 JAN -9 PM 2:14
DIVISION OF CORPORATIONS

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 1/8 Glinda

	<input type="checkbox"/>	CERTIFIED COPY	_____
xx	<input type="checkbox"/>	PHOTOCOPY	_____
	<input type="checkbox"/>	CUS	_____
xx	<input type="checkbox"/>	FILING	<u>LLC</u>

FILED
2014 JUN -03 AM 11:53
TALLAHASSEE, FLORIDA

1. **ABERDEEN POWER SOLUTIONS, LLC**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABERDEEN POWER SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred N. Roberts, Jr.

Name of Person

KLEIN & KLEIN, LLC

Firm/Company

333 NW 3rd Avenue

Address

Ocala FL 34475

City/State and Zip Code

fred@kleinandkleinpa.com

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

For further information concerning this matter, please call:

Fred N. Roberts, Jr. at (352) 732-7750

Name of Person

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

2014 JAN -3 AM 11:58

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABERDEEN POWER SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

333 NW 3rd Avenue
Ocala FL 34475

Mailing Address:

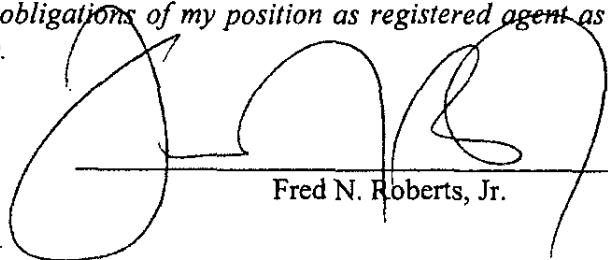
333 NW 3rd Avenue
Ocala FL 34475

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Fred N. Roberts, Jr.
333 NW 3rd Avenue
Ocala FL 34475

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 605, Florida Statutes.



Fred N. Roberts, Jr.

2014 JAN -8 MAIL: 58
FILED

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

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

“AMBR” = Authorized Member

“MGR” = Manager

“MGR”

Name and Address:

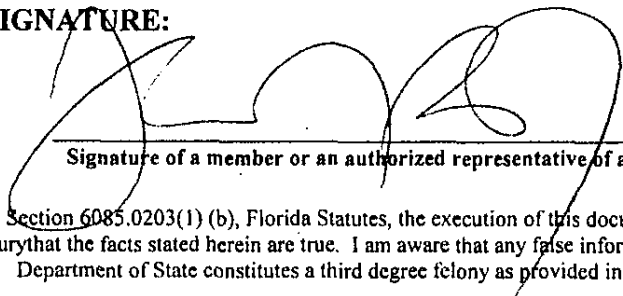
Fred N. Roberts, Jr.
333 NW 3rd Avenue
Ocala FL 34475

STATE OF FLORIDA
DEPARTMENT OF STATE

2014 JAN -8 AM 11:59

FILED

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with Section 6085.0203(1) (b), 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 in s.817.155, F.S.)

Fred N. Roberts, Jr.

Typed or printed name of signee