

~~LEAD~~ L14000051543

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

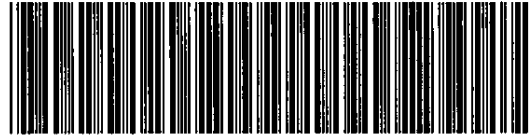
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



600257518626

600257518626  
03/10/14--01058--019 \*\*125.00

FILED  
14 MAR 10 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 28 2014

S. YOUNG

11/14-16089

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOUIE'S MARINE 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:

LOUIE BERTE

Name of Person

Firm/Company

1735 DARTMOUTH DRIVE

Address

HOLIDAY, FLORIDA 34691

City/State and Zip Code

louiesmarineelectric@gmail.com

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

For further information concerning this matter, please call:

LOUIE BERTE

Name of Person

at ( 727 )

Area Code

222-3932

Daytime Telephone Number

*FA 727-230-4947*

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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14 MAR 10 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOUIE'S MARINE ELECTRIC, 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:

Mailing Address:

1735 DARTMOUTH DRIVE  
HOLIDAY, FLORIDA 34691

1735 DARTMOUTH DRIVE  
HOLIDAY, FLORIDA

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:

LOUIE BERTE

Name

1735 DARTMOUTH DRIVE

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

HOLIDAY

City

FL

34689

Zip

*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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 MAR 10 PM 4:18  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

LOUIE BERTE

1735 DARTMOUTH DRIVE

HOLIDAY, FLORIDA 34691

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Louie BerTE* AMBR

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

(In accordance with section 605.0203 (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 for in s.817.155, F.S.)

LOUIE BERTE, AMBR

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)

FILED  
14 MAR 10 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1400051543

March 26, 2014

Shelia H. Young  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: LOUIS MARINE ELECTRIC, LLC**  
**Reference Number W14000016089/ Letter Number 814A00005445**

Ms. Young,

This is to establish that Louie's Marine Electric, Inc. has no intention to reinstate to its previous Chapter S Corporation. The name Louie's Marine Electric will only be used in the new LLC Corporation that is being opened under that name, EIN # 32-0435233, issued on 3/24/2014.

If you have any questions, please do not hesitate to contact me.

Thank you.

Louis Berte  
727-222-3932.

FILED  
14 MAR 10 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2014

LOUIE BERTE  
1735 DARTMOUTH DRIVE  
HOLIDAY, FL 34691

SUBJECT: LOUIE'S MARINE ELECTRIC, LLC  
Ref. Number: W14000016089

We have received your document for LOUIE'S MARINE ELECTRIC, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 814A00005445

3/13/14

CORPORATE DETAIL RECORD SCREEN

1:42 PM

NUM: P12000060943 ST:FL INACTIVE/FL PROFIT FLD: 07/11/2012  
LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/27/2013  
NAME : LOUIE'S MARINE ELECTRIC, INC  
PRINCIPAL: 2630 CHEVAL DR  
ADDRESS HOLIDAY, FL 34690 US  
RA NAME : CORPORATION SERVICE COMPANY  
RA ADDR : 1201 HAYS STREET  
TALLHASSEE, FL 32301 US  
ANN REP : \* NONE FILED \*

3/13/14

OFFICER/DIRECTOR DETAIL SCREEN

1:42 PM

CORP NUMBER: P12000060943 CORP NAME: LOUIE'S MARINE ELECTRIC, INC  
TITLE: D NAME: BERTE, LOUIS  
2630 CHEVAL DR  
HOLIDAY, FL 34690 US

FILED  
14 MAR 10 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA