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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2014 APR 10 PM 4: 37
SECRETARY OF STATE

K.SALY EXAMINER APR 10 2014

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: D & B Electrical Contractors LLC Name of Lin	nited Liability Company	1-210-31-1-1-1-1
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Brent Kailing		
	Name of Person	
D. D. E. Lautinal Construction 11 C		
D & B Electrical Contractors LLC	Firm/Company	
9 Rosedown Blvd	Address	
	V-100-00-00-00-00-00-00-00-00-00-00-00-00	
Debary fl 32713		
C	City/State and Zip Code	
dandbelectric1@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	386) 216-8217	
Name of Person	Area Code Daytime Tel	ephone 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Tiekilie, Cess			•	
The name of the Limited	Liability Com	pany is:			The state of the s
D & B Electrical Control (M	actors LLC ust end with th	e words "Limite	d Liability (Company, "L.L	C.," or "LLC.") HE SEE OF SEE
ARTICLE II - Address	:				SSER
The mailing address and	street address	of the principal	office of the	Limited Liabil	lity Company is: Fig. 3
Principal Office Addre	SS:		Mailin	Address:	F. ORI
9 Rosedown blvd De	bary fl 32713		9 Rose	edown blvd C	Debary fl 32713
another business entity with the name and the Florid	with an active I	Florida registrati	on.)	Agent. You m	nust designate an individual or
· <u>·</u>		blvd Debary fl		·	
	Florida street	address (P.O. Bo	ox <u>NOT</u> acc	eptable)	
_	Debary		FL 3	2713	
		City		Zip	
the place designated capacity. I further agr	in this certifica ee to comply w in familiar with	ite, I hereby acce ith the provisions and accept the o Cha	ept the appoi s of all statu bligations of pter 605, F.S	ntment as regis es relating to ti my position as S.	ove stated limited liability company at tered agent and agree to act in this he proper and complete performance registered agent as provided for in
	Kegistei	red Agent's Sign	iaime (NEQ	DIKED)	

(CONTINUED)

Page 1 of 2

MBR" = Authorized Member	Name and Address:
IGR" = Manager MBR	Brent Kailing
WEIT	Brent Kailing 9 Rosedown Blvd Debary Fl 32713
ive date is listed, the date must be spe	of filing: (OPTIONAL) ccific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date ive date is listed, the date must be speiling.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date ive date is listed, the date must be specifing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felonic sides.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date ive date is listed, the date must be specifing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State