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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER JUN - 6 2014

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJE	CCT:	Florida Ele	ctrical Engineers	s, LLC.
		Name of Li	mited Liability Company	
The en	closed Article	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corr	espondence concerning this m	natter to the following:	
		Edsel	C. Sanchez Name of Person	
		·	Name of Person	
			Firm/Company	
		949	Lilac Trace Lane	
			Address	
		Orlan	ndo, FL 32828 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		(City/State and Zip Code	
		Edsele	ang @ g mail. Com	41
		E-mail address: (to be use	o for future annual report notifica	
For fur	ther informati	on concerning this matter, ple	ase call:	
	Edsol	(Sanchez	305 \ 498-77	38
	Na	me of Person	305 498-77 Area Code Daytime Tel	ephone Number
Enclose	ed is a check f	for the following amount:		
\$125.0	0 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	\$160.00 Filing Fee,
	J	Certificate of Status	Certified Copy	Certificate of Status &
	•		(additional copy is enclosed)	Certified Copy (additional copy is enclosed
	M	alling Address	Street/Courier Addi	ress
	Re	gistration Section	Registration Section	
		vision of Corporations D. Box 6327	Division of Corporat Clifton Building	ions
		llahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Electrical Enginee	rs, 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 th	ne Limited Liability Company is:
Principal Office Address: Maili	ng Address:
949 Lilac Trace Lane 90 Orlando, FL 32828 Or	49. Lilac Trace Lane lando, FL 32828
Orlando, FL 32828 Or	lando, FL 32828
The name and the Florida street address of the registered agent are Edsel C. Sancl Name 949 Lilac Trace	her 30 F
Florida street address (P.O. Box NOT ac	ceptable)
Orlando FL City	32828
City	Zip
Having been named as registered agent and to accept service of protection the place designated in this certificate, I hereby accept the appointment of my duties, and I am familiar with and accept the obligations of the control of the provisions of the control of the control of the provisions of the provis	nintment as registered agent and agree to act in this suites relating to the proper and complete performance of my position as registered agent as provided for in S.S.

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized "MGR" = Manager	Name and Addre	<u>ss:</u>
AMBR	Edsel C.	Sanchez
	949 Lilac	Trace Lane -L 32828
EV: Effective date, if o	ner than the date of filing:	. (OPTIONAL)
Use attachment if neces EV: Effective date, if of outive date is listed, the filing.) EVI: Other provisions,	ner than the date of filing:	(OPTIONAL) au five business days prior to or 9
EV: Effective date, if of ctive date is listed, the filling.) EVI: Other provisions,	ner than the date of filing:late must be specific and cannot be more thany.	(OPTIONAL) au five business days prior to or 9
EV: Effective date, if of ctive date is listed, the f filing.) EVI: Other provisions, REQUIRED SIGNAT Signature (In accordance constitutes and I am aware the constitutes)	iner than the date of filing: late must be specific and cannot be more than the date of filing: any. IRE: Inature of a member or an authorized replevith section 605.0203 (1) (b), Florida Status affirmation under the penalties of perjury that any false information submitted in a documind degree felony as provided for in s.817.15	resentative of a member. es, the execution of this document the facts stated herein are true. ent to the Department of State 5, F.S.)
EV: Effective date, if of ctive date is listed, the f filing.) EVI: Other provisions, REQUIRED SIGNAT Signature (In accordance constitutes and I am aware the constitutes)	rature of a member or an authorized replace with section 605.0203 (1) (b), Florida Statut any false information submitted in a docum	resentative of a member. es, the execution of this document the facts stated herein are true. ent to the Department of State 5, F.S.)

Page 2 of 2