## L/5000177074

(Re	questor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

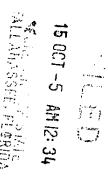
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10/05/15--01021--020 \*\*125.00

OCT 9 2015 S. GILBERT



## »COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Majors Flectrical Services 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:
Justin Babby Majors Name of Person
Majors Electrical Services Firm/Company
4879 Bunyan Street Address
Sarasota FL 34232  City/State and Zip Code  Majors electrical services a hotmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}{\text{Certificate of Status}}\$  \$125.00 Filing Fee & Certificate Opy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Majors Electrical (Must end with the words "Limited Liab	Services LLC.	15 OCT -5 AM 12: 34
ARTICLE II - Address: The mailing address and street address of the principal office		MALL AHASSEE, FLERIDA
Principal Office Address:	Mailing Add	lress:
7879 Bunyan Stillet Sarasota FL 34232	4879 Bunyar Sarasota FL	34232
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanter business entity with an active Florida registration.)		ndividual or
The name and the Florida street address of the registered ager	nt are:	
Melissa N	lajors	
Nar 11090	ne /	
4879 Bung	lan Street	
Florida street address (P)	D. Box <u>NOT</u> acceptable)	
<u> </u>	State Zip	
•	•	
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointm further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as reg	ent as registered agent and agree to act g to the proper and complete performan	t in this capacity. I ace of my duties, and I
/		
(CC	ONTINUED)	

Page 1 of 2

<u> Fitle:</u>		Name and Address:
	horized Member	
MGR" = Man	iger	Melissa Majors
AMBR_		7879 Runyan Street
		Sarasota FL 34232
		<u> 3973574                                   </u>
·	<del></del>	
·	<del></del>	
V: Effective of tive date is list	late, if other than the date of	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 or
EV: Effective of tive date is list if filing.) the date insertement's effective	date, if other than the date of ted, the date must be specifed in this block does not mee date on the Department of the second s	fic and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
ctive date is lis filing.) he date inserte	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of strains, if any.	fic and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
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ARTICLE IV-