## L16000064831

(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: 4/4/6  Mr. Lance Funnel    [Wanted m to add
Mr. Lance Funnel)
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SECRETARY OF STATE FALLAHASSEE FLORIDA

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## COVER LETTER

	ration Section n of Corporations
SUBJECT:	EleCtric 1 Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
<del></del>	Lancetumell
	Name of Person
	Firm/Company
٠	8022 W. Elm St
***************************************	Address
	Tampa, 77 33615
	City State and Zip Code  E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
	Name of Person at (813) 480 9841  Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$125.00 Filing F	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 16 MAR 28 PM 3: 04

The name of the Limited Liability Company is:

## **ARTICLE II - Address:**

ARTICLE I - Name:

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

**Principal Office Address:** 

**Mailing Address:** 

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:

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

State

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 opent as provided for in Chapter 605, F.S..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

FILED ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company 28 PM 3: 04 Title: Name and Address: SECRETARY OF STATE TALLAHASSEE FLORIDA "AMBR" = Authorized Member "MGR" = Manager MGR (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

tunnel

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)