## L16000119562

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phon	e #)
PICK-	UP WAIT	MAIL
	(Business Entity Na	me)
	(Document Number)	)
Certified Copies	Certificate	s of Status
Special Instruction	ons to Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deff Gause Electric of Tollahassee, LL 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:	
Jeffra Certis Gause Name of Person	
Jeff Couse Electric of Tallahassee Firm/Company	
1213-Winfield Ferry Drive	
Tollahostee FC 32317  Filly/State and Zip Code	
City/State and Zip Code  Teffcase 8670 cm  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 \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	:d)
Mailing Address  New Filing Section  New Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		

(Must end with the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:	
12/2 10 1 Cald Franchischer	
12/3 Winfield Forestorire	
70/10/06/06 Pt 3/3/7	
Same	

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:

Jeffrey Curtis Gouse

12/3-Winfield Forst Orlre

Florida street address (P.O. Box <u>NOT</u> acceptable)

Tallahassa FL 32317

ifaving been named as registered agent and to accept survice of process to the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment of registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relating to the proper and experted performance of my duties, and I am familiar with and accept the obligations of my positive as registered agent as provided for in Chapter 605, E.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	·	,
President Jeff Gouse	Jeff Gous 1213-Winfreld Tallchussee, Fl	e) Ferest l 3231.7	Vr.
Secritary	Kelly M God 1213/ Worfield For Tallahussey Fil	crest pv.	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of fi an effective date is listed, the date must be spented date of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of	ecific and cannot be more than five business of the sect 11 applicable statutory filing requirements		-
RTICLE VI: Other provisions, if any			
			· · ·
<del></del>		<del></del>	
REQUIRED SIGNATURE:		÷	
Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a need in accordance with section 605.0203 (1) (b) information submitted in a document to the Defelony as provided for in s.817.155, F.S.	), Florida Statutes.	16 JUN 27 PM

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