

Jul 27 16 05:42a

Antonio Alonso, PLLC.

305-677-0192

p.1

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000180081 3)))



H160001800813ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ANTONIO ALONSO, PLLC.
Account Number : I20160000045
Phone : (305) 606-0399
Fax Number : (305) 677-0192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hocariz@oghcpa.com

RECEIVED

16 JUL 27 AM 8:11

**FLORIDA LIMITED LIABILITY CO.
ENERGY ELECTRICAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

16 JUL 27 AM 6:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H16000180081 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENERGY ELECTRICAL, 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 the Limited Liability Company is:

Principal Office Address:Mailing Address:9350 NW 13TH STREET, BAY 26
DORAL, FL 331729895 NW 28 TERRACE
DORAL, FL 33172

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:

AXIAL MANAGEMENT SERVICES, LLC

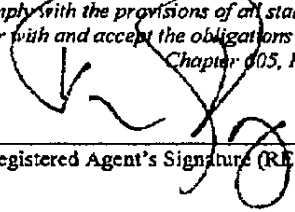
Name

999 PONCE DE LEON BLVD, SUITE 650Florida street address (P.O. Box NOT acceptable)CORAL GABLES FL 33134

City

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 27 AM 6:25

H16000180081 3

H160001800813

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CORBARI GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

LEYANIS GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

JESENIA GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

JOCELYN GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 27 AM 6:25

H160001800813

H16000180081 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**COBBARI GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172AMBRLEYANIS GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172AMBRJESENIA GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172AMBRJOCELYN GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

COBBARI GARCIA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 27 AM 6:25

H16000180081 3