

L16000149146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

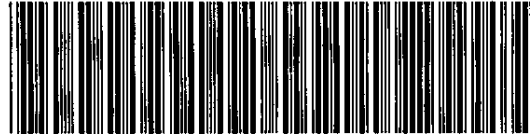
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500286934765

07/20/16--01008--018 \*\*125.00

FILED  
2016 JUL 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2016

MARK P. GIARRIZZO  
GO ELECTRIC, LLC  
1175 CHERLYNN TERRACE  
WEST PALM BEACH, FL 33406

SUBJECT: GO ELECTRIC, LLC  
Ref. Number: W16000052526

We have received your document for GO ELECTRIC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P03000099028,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 616A00015866

RECEIVED

16 AUG -8 PM 3:15

TALLAHASSEE, FLORIDA

2016 JUL 20 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*PLEASE CHANGE TO "GO ELECTRIC SERVICES, LLC"

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GO ELECTRIC, LLC

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:

Mark P. Giarrizzo

Name of Person

GO ELECTRIC, LLC

Firm/Company

1175 Cherlynn Terrace

Address

West Palm Beach, FL 33406

City/State and Zip Code

Mustang6130@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark P. Giarrizzo

757

641-4343

at ( )

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



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

2016 JUL 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~GO ELECTRIC, LLC~~ (GO ELECTRIC SERVICES, LLC) *MPM*  
(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:

1175 Cherlynn Terrace  
West Palm Beach, FL 33406

Mailing Address:

1175 Cherlynn Terrace  
West Palm Beach, FL 33406

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:

Mark P. Giarrizzo  
Name  
1175 Cherlynn Terrace  
Florida street address (P.O. Box **NOT** acceptable)  
West Palm Beach Florida 33406  
City State Zip

2016 JUL 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

*Mark P. Giarrizzo*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Mark P. Giarrizzo

1175 Cherlynn Terrace

West Palm Beach, FL 33406

(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:**

*Mark P. Giarrizzo*

**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.

Mark P. Giarrizzo

Typed or printed name of signee

**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)

2016 JUL 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA