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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECPHARY OF STATE

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	Ower BSB	LLC nited Liability Company	
	Nume of Em	anca Edonicy Company	
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Villiam E	Lassiter II Name of Person	
	Power	BSB LLC	
		Firm/Company	POS.
_36	5724 Oco.	nee Aue	<u>ම</u> ද්ර
		Address	
	Eustis	FL 32736	
1		City/State and Zip Code	
		Cagnail. com	
	`	•	
For further information	on concerning this matter, pleas	e call:	
النها	Name of Person A	107) 461-834 (curea Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy ional copy is enclosed)
	Lailing Address	Street Address	
	ew Filing Section ivision of Corporations	New Filing Section Division of Corporations	
Ρ.	O. Box 6327	Clifton Building	
T	allahassee, FL 32314	2661 Executive Center Circle	:

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Power BSB (Must end with the words "Limited Liability	v Company "L.L.C." or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
36724 Oconee Ave Eustis FL 32736	36724 Oconer Aug Eustis FL 32736
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
William E Name	Lassiter II
36724 Ocone	e Ave

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..

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

State

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	1. William Coloration TI
HMBK	William E Cassiter II
	Eustis FL 32736
AMBR	Rolling F Mellin
	932 South Lake Sterling Ct.
	Casselberry FC 32707
AMRR_	Rrian T Dempsey
	142 Southern Perax Cir.
^	Unit 106 Winter Garlen FC 3478
AMBR	Carl J. Marlo
	340 Largovista dr Oakland FC 34787
	Justians FC 39 10/
(Use attachment if necessary)	
e of filing.) If the date inserted in this block does not cument's effective date on the Department	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-