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(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:	
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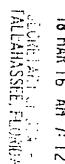
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Bay Area PowerTouce Name of Limited Li	h ability Company
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to t	he following:
Andrew Michael	Haney
Name	e of Person
Firm	/Company
5600 93rd Ave	N. Gotel
Pinellas Park, F	-L. 33782
Pinellas Park F City/State bayareapowertouch @ E-mail address: (to be used for furth	and Zip Code GMail. COM re annual report notification)
For further information concerning this matter, please call:	
Andrew Hancy at (813) Name of Person Area Code) 373-112-(Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street 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 FLORIDA LIMITED LIABILITY COMPANY

A	R	П	CI	JF.	I -	Na	me:

The name of the Limited Liability Company is:

Bay Area Power Touch LLC

(Must contain 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:
SLOO 43rd Ave N Pinellas Park FL 33782	5600 93rd Ave N Pinellus tark FL 33782
	<u></u>

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:

Andrew Ho	inev	
	Jame T	
5600 93rd 1		
Florida street address (I	P.O. Box <u>NO</u>	T acceptable)
Pinellas Park	FL	33782
City	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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	Andrew Haney
MGR	Pinellas tack FL 33782
MBR	Devon Dovies
7-1	525 12th Aye N.E. St. Hetersburg EL 33701
	Differencing 12 33101
7	
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