Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6361

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (303)599-0839 Fax Number : (305)592-9591

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

Email Address:

FLORIDA LIMITED LIABILITY CO. HOME ELECTRICAL REPAIR, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:
The name of the Limited Liability Company is:
HOME ELECTRICAL REPAIR, LLC.
ARTICLE II - ADDRESS:
The physical and mailing address of the Limited Liability Company is:
204 S. Wildemess Trail
Ponte Vedra Beach, FL 32082

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

John M. Wheeler 204 S. Wilderness Trail Ponte Vedra Beach, FL 32082

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, Florida Statues.

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORID.

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

John M. Wheeler

204 S. Wilderness Trail

Ponte Vedra Beach, FL 32082

Member

Susan A. Wheeler

204 S. Wilderness Trail

Ponte Vedra Beach, FL 32082

Member

Jessica L. Rutski 1669 Hawkscrest Drive St. Johns, FL 32259

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.)

John M. Wheeler

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEF FLOOR