

L19000195853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

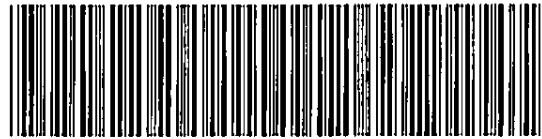
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700332959437

19 AUG -8 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2019 AUG -8 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 09 2019

K. Brumbley

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 8/8/19**

**NAME: R&R ELECTRICAL ALLSTAR ELECTRIC LLC**

**TYPE OF FILING: ARTICLES**

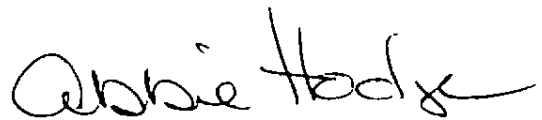
**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

**R&R ELECTRICAL ALLSTAR ELECTRIC LLC**

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**4880 NORTH PALMETTO AVE  
WINTER PARK, FL 32792**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE

**JENNIFER R. HORN  
4880 NORTH PALMETTO AVE  
WINTER PARK, FL 32792**

Having been named as registered agent 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.

x **/S/** Jennifer R. Horn

---

**JENNIFER R. HORN** / Registered Agent's Signature

FILED  
2019 AUG - 8 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**AMBR:**  
**JENNIFER R. HORN**  
**4880 NORTH PALMETTO AVE**  
**WINTER PARK, FL 32792**

---

X **/S/** Jennifer R. Horn

---

**JENNIFER R. HORN**

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.)