Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I2018000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email	Address:		 	

FLORIDA LIMITED LIABILITY CO. GEAR ELECTRICAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is.

GEAR ELECTRICAL SERVICES LLC

(Must conatin 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:
1910 Mercer Ave.	1910 Mercer Ave,
Lehigh Acres, FL, US, 33972	Lehigh Acres, FL, US, 33972

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:

LEGALING CORPO	RATE SERVICES	INC.
-	Name	
5237 SUMMERLIN	COMMONS BLVI	D. SUITE 400
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
FORT MYERS	FL.	33907
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 (REQUIREI

(CONTINUED)

DEC -2 AP

- IL - IJ

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Title:		Name and Address:	
"AMBR" = Authorize	d Member		
"MGR" = Manager			
AMBR		sto Melendez JR	
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\$ 5.00 Certificate of Status (Optional)