

L19000305533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

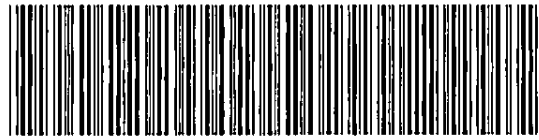
(Document Number)

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

Special Instructions to Filing Officer:

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2019 DEC 19 4:13:08

2019 DEC 23 PM 2:45  
FILING OFFICE  
MICHIGAN SECRETARY OF STATE

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DEC 26 2019

Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Volt Electrical Contracting, LLC  
(Corporation Name) Document #

2. \_\_\_\_\_  
(Corporation Name) Document #

3. \_\_\_\_\_  
(Corporation Name) Document #

4. \_\_\_\_\_  
(Corporation Name) Document #

Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy \_\_\_\_\_ Certified Copy

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
 Limited Liability  
\_\_\_\_\_ Domesitication  
\_\_\_\_\_ Other

**AMMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign  
\_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Trademark  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VOLT ELECTRICAL CONTRACTING I, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHAINE S PARTEE

Name of Person

VOLT ELECTRICAL CONTRACTING LLC

Firm/Company

2950 NW Commerce Park Dr.

Address

Boynton Beach FL 33426

City/State and Zip Code

BuildYours@Yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chester

Name of Person

at

(561)

Area Code

574-8043

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
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:

VOLT ELECTRICAL CONTRACTING 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:

2950 NW COMMERCE PARK DR.  
# 14  
BOYNTON BEACH FL 33426

SAME

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:

STEPHANIE S PARTEE  
Name  
2950 NW COMMERCE PARK DR.  
Florida street address (P.O. Box NOT acceptable)  
BOYNTON BEACH FL 33426  
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.

Stephanie S Partee  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 DEC 23 PM 2:45  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-19-2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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**REQUIRED SIGNATURE:**

*Stephanie S Partee*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

STEPHANIE S PARTEE

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)