

(Requestor's Name)
(0.11)
(Address)
(Address)
(Acutess)
(City/State/Zip/Phone #)
(City, Clater Lynn, 1997)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400339617864

01/23/20--01001--011 **130.00

UFSTATEO JANZ3 III B: SEE, FI

COVER LETTER

New Filing Section

TO:

Division of Corporations
SUBJECT: Source Electrical Services 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:
Alan Toursend Name of Person Source Electrica Services L.C.
Firm/Company
S645 Magle Forest Dr Address
City/State and Zip Code Coctally & gray 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Townse Wat (350) 294 - 5647 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐\$155.00 Filing Fee Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee Certified Copy (cadditional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5	ource Electrica	d Services "LLC"
	natin the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street	address of the principal office of the L	imited Liability Company is:
<u>Princi</u>	pal Office Address:	Mailing Address:
5645 m	aske Forest Dr	
	ont Registered Office & Registered	d Agent's Signature
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	gent, Registered Office, & Registered y cannot serve as its own Registered A	d Agent's Signature: gent. You must designate an individual or
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	gent. Registered Office, & Registered y cannot serve as its own Registered A active Florida registration.)	gent. You must designate an individual or
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	gent. Registered Office, & Registered y cannot serve as its own Registered A active Florida registration.)	gent. You must designate an individual or
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	gent, Registered Office, & Registered y cannot serve as its own Registered A active Florida registration.)	gent. You must designate an individual or Send M. Rd.
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	gent. Registered Office, & Registered y cannot serve as its own Registered A active Florida registration.) address of the registered agent are: Alan Town Name SSS S Sulliva	Send Send Send Market an individual or

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.

(CONTINUED)

MAN 23 AM 10: 49

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		
MGK'	Alan Tonnaguel	
	5587 Stillivan Rd	
	Tallahassel FL 32305	
MGR	Kuland (S.K. Yan	
1././	SCAS Masie FORST. III	
	Talla41216 Fla 32303	
If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	late of filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Orlan	member or an authorized representative of a member.	
Simple of the second of the se	mambar or an authorized consequentative of a mambar 400	
This becomes it is	anital in accordance with castion 605 0203 (1) (b) Floridg Statites -	
Lam aware that any f	false information submitted in a document to the Department of State	1
constitutes a third de	vree leiony as neuvalen for my Salv. 133, r.s	
		
	as Courselle	7
•	Typed or printed name of signee $\mathcal{L}_{\mathcal{L}_{\mathcal{A}}}^{\mathcal{L}_{\mathcal{A}}} \stackrel{\mathcal{L}_{\mathcal{A}}}{\rightleftharpoons} $) U
	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	
	Filing Fees:	
S125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent 💢 🚑 🥌	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)