

L210 0001 1938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

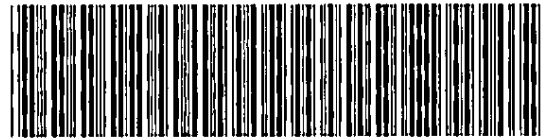
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JAN -4 PM 2:01
FALL MASSACHUSETTS

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JAN 14 2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EV Power Induction Solutions, 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:

KEVIN HART

Name of Person

EV Power Induction Solutions, LLC

Firm/Company

1189 Ponte Verda Blvd

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

Kevinhart54@gmail.com

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

For further information concerning this matter, please call:

Kevin Hart 805 256-5991
at ()
Name of Person Area Code 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EV Power Induction Solutions, 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:
EV Power Induction Solutions, LLC	EV Power Induction Solutions, LLC
1189 Ponte Verda Blvd	1189 Ponte Verda Blvd
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, FL 32082

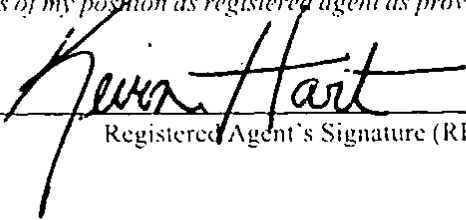
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.)

he name and the Florida street address of the registered agent are:

Kevin Hart		
Name		
1189 Ponte Verda Blvd		
Florida street address (P.O. Box NOT acceptable)		
Ponte Vedra Beach	Florida	32082
City	State	Zip

ng been named as registered agent and to accept service of process for the above stated limited liability company at the
designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I
er agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
miliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 JAN -14 PM 2:01
CALL CENTER

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Kevin Hart
1189 Ponte Verda Blvd
Ponte Verda Beach, Florida 32082

MGR

Gabriel Albarian, Jr
3655 Ridgeford Drive
Westlake Village, CA 91361

AMBR

David Hollander
7528 Homing Pigeon Street
North Las Vegas, Nevada 89084

AMBR

Scott Gerlach
4155 W. Twain Ave, Apt 247
Las Vegas, Nevada 89103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1st, 2021. (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.

REQUIRED SIGNATURE:



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.

Kevin Hart

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)