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(Re	equestor's Name)			
(Ad	ldress)	· · ·		
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(Cit	ty/State/Zip/Phone	·#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(DC	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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04/19/22--01019--010 **160.00

COVER LETTER

TO:	New Filing Section Division of Corporations			
OUNTER	Ford Electric LLC			
SUBJEC	Name of	Limited Liabil	ity Company	
The encl	osed Articles of Organization and fee(s)	are submitted	l for filing.	
Please re	turn all correspondence concerning this	matter to the	following:	
	Michael J Ford			
		Name of	Person	
	Ford Electric			_
		Firm/Co	ompany	
	120 Ocean Aire Terrace North			
		Addi	ress	
	Ormond Beach Fl 32176			
	fordelectric (@hotmail.com	City/State at	nd Zip Code	
	E-mail address: (to be u	sed for future	annual report notification	on)
For further	r information concerning this matter, plo	ease call;		
	Michael J Ford	386-295-394	<u>:</u> _)	
	Name of Person		Daytime Telephone	
Enclosed	is a check for the following amount:			
□\$125.0	00 Filing Fee ☐\$130,00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy hal copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230.	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
Ford Electric L.L.C				
(Must con	ntain the words "Limited	Liability Comp	oany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Lit	nited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
120 Ocean Aire Tei	race North		120 Ocean Aire Terrace North	
Ormond Beach F			Ormond Beach FL	
32176		-	32176	<u> </u>
The name and the Florida stree	Michael J Ford 120 Ocean Aire Terra	Name ace North		
	Florida street addres	s (P.O. Box <u>N</u>	or acceptable)	
	Ormond Beach	FL	32176	
	City	State	Zip	
dace designated in this certificate in ther agree to comply with the p	e, I hereby accept the apporavisions of all statutes re bligations of my position imana	ointment as reg clating to the pi as registered ag el ford	or the above stated limited liability compistered agent and agree to act in this corroper and complete performance of my gent as provided for in Chapter 605. F., ignature (REQUIRED)	rpacity. 1 duties, and 1
	Kegine	(CONTINU		

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Michael J Ford AMBR 120 Ocean Aire Terrace North Ormand Beach FL 32176 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____. (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. Electrical contracting, Resadential /commercial and Industrial

REOUIRED SIGNATURE:

Michael J Ford

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.

Michael J Ford

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)