(Requestor's Name)	
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TO:	New Filing Sec Division of Cor				ÄĽÍ.	2023 FEB 17 PM
		•			ALLAHASSEE, FLORE	FEB
SUBJE		CTRIC LLC			AS:	. <del>-</del>
	<del></del>	Name of Limi	ted Liabili	ty Company	רו הו	
						· 🔻
The en	closed Articles of	Organization and fee(s) are	submitted	for filing.		2:5
Please	return all correspo	ondence concerning this mat	ter to the fo	ollowing:	_ <del></del>	<u>~</u>
	ADRIAN M	IDDLETON, ESQ				
	<del></del> -		Name of	Person		-
	SWORD &	SHIELD LLC				
	<del></del>		Firm/Co	mpany		_
	1437 MARK	ET ST				
	<del></del>	-	Addre	ess		_
	TALLAHAS	SSEE FL 32312				
		Cir	ty/State and	d Zip Code		-
	BIZ@SWOR	DANDSHIELD.COM				_
	1	E-mail address: (to be used f	or future a	nnual report notificati	on)	
For furt	her information co	ncerning this matter, please	call:			
	ADRIAN M	IDDLETON, ESQ 850	o	815 0256		
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Enclos	sed is a check for t	he following amount:				
<b>■\$</b> 12	5.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status		5.00 Filing Fee & ed Copy	□\$160.00 Filing Fee Certificate of Status &	
		Certificate of Status		al copy is enclosed)	Certified Copy	
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DAH ELECTRI	C LLC contain the words "Limited L	iability Company	"     C "or "    C ")	
(IAIUSI	contain the words. Entitled E	adomity Company	, E.E.C., or Disc. )	
ARTICLE II - Address: The mailing address and str	cet address of the principal of	fice of the Limite	d Liability Company is:	
Pri	ncipal Office Address:		Mailing Address	; <b>:</b>
3162 BORING	POND RD	<u> </u>	SAME	
VALDOSTA G	A 31606			
	d Agent, Registered Office, &		ent's Signature: . You must designate an indivi	idual or
			. I on man designate an man	
another business entity with	h an active Florida registration	n.)		
·	_	·		
·	treet address of the registered	agent are:		
·	_	agent are:	<del></del>	
·	sword & SHIELD	agent are:		
·	treet address of the registered	agent are:  LLC  Name	acceptable)	
·	SWORD & SHIELD  1437 MARKET ST Florida street address	agent are:  LLC  Name  (P.O. Box NOT	•	2023 FEB 17 SECRETARY OF TALLAHAS
·	SWORD & SHIELD  1437 MARKET ST	agent are:  LLC  Name	acceptable)  32312  Zip	2023 FEB 17 AM SECRETARY OF S
The name and the Florida s	SWORD & SHIELD  1437 MARKET ST Florida street address  TALLAHASSEE  City	agent are:  LLC  Name  (P.O. Box NOT  FL  State	32312 Zip	SECRETARY OF STALLAHASSEE. F
The name and the Florida so	SWORD & SHIELD  1437 MARKET ST Florida street address  TALLAHASSEE  City  ered agent and to accept service	agent are:  LLC  Name  (P.O. Box NOT  FL  State  ce of process for the	32312	SECRETARY OF STAIL the Occumpant of the Company of
The name and the Florida so that the Florida so the Florida so that the Florida so the Flor	SWORD & SHIELD  1437 MARKET ST Florida street address  TALLAHASSEE  City  ered agent and to accept service ficate, I hereby accept the apposite provisions of all statutes re	agent are:  LLC  Name  (P.O. Box NOT  FL  State  ce of process for the interest as registed lating to the proper	32312 Zip he above stated limited liability ered agent and agree to act in the complete performance of	SECRETARY OF STAIL SEE SEE STAIL SEE SEE STAIL SEE SEE STAIL SEE SEE SEE STAIL SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
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(CONTINUED)

ARTICLE IV-

• . . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	DAVID HARRIS 3162 BORING POND RD VALDOSTA GA 31606
	2023
	SECREIA TALLA
	TOP A
	9:
	00 O
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
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
the document's effective date on the Department	t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	A
	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
KAREN ARIZA	4
	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)