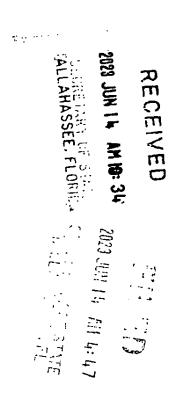
## 

(Requestor's Name)
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(Business Entity Name)
(business Linky Name)
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## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

06/14/2023

Date:

4: 1 DW

		Acc#I20160000072		
Name:	Power & Concepts LLC			
Document #:				
Order #:	14986509			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
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Apostille/Notarial Certification:		Country of Destination:  Number of Certs:		
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Thank you!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Power & Concepts LLC  (Must contain the words "Limited Liabi  RTICLE II - Address: he mailing address and street address of the principal office  Principal Office Address:  8210 W State Road 84  Davie, Florida 33324	of the Limited	
RTICLE II - Address: he mailing address and street address of the principal office  Principal Office Address:  8210 W State Road 84	of the Limited	Liability Company is:  Mailing Address:  ) W State Road 84
he mailing address and street address of the principal office  Principal Office Address:  8210 W State Road 84	<u>8210</u>	Mailing Address: ) W State Road 84
8210 W State Road 84		) W State Road 84
Davie, Florida 33324	Davi	e, Florida 33324
		<del></del>
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)  he name and the Florida street address of the registered age	_	You must designate an individual or
CT Corporation System		
	ппе	
1200 South Pine Island R	Road	
Florida street address (P.	O. Box <u>NOT</u> a	cceptable)
Plantation	FL	33324
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..

Registered Agent's Signature (REQUIRED)
Candice Pignataro, Assistant Secretary

(CONTINUED)

2023 JUN 14 AM 4: 48

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Richard R. Chrysler 8210 W State Road 84 AMBR Davie, Florida 33324 (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. 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. Richard R. Chrysler 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)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)