

**L23000301210**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230002215393ABC.

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : GINN & PATROU, PA  
Account Number : I20190000124  
Phone : (904)461-3000  
Fax Number : (844)730-9828

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gprou@ginnpatrou.com

RECEIVED  
2023 JUN 22 PM 2:14  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.**

**Power Tek Holdings LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Power Tek Holdings 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:**205 St. Augustine South Dr  
St. Augustine, FL 32086205 St. Augustine South Dr  
St. Augustine, FL 32086**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 another business entity with an active Florida registration.)

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

Ginn & Patrou, PLLC

Name

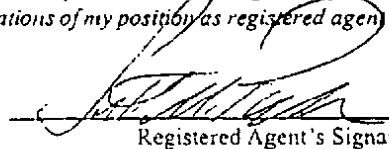
460 AIA Beach BlvdFlorida street address (P.O. Box **NOT** acceptable)St. AugustineFL32080

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)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

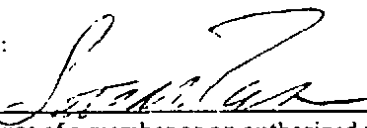
**Name and Address:**MGRTodd Kelly205 St. Augustine South DrSt. Augustine, FL 320862023 JUN 22 PM 2:55  
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(Use attachment if necessary)

**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.Scott Patrou, Esq.

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)**



June 22, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GINN & PATROU, PA

SUBJECT: POWER TEK HOLDINGS LLC  
REF: W23000087475

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2023 JUN 22 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for POWER TEK HOLDINGS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson  
Regulatory Specialist II

FAX Aud. #: H23000221539  
Letter Number: 123A00014117