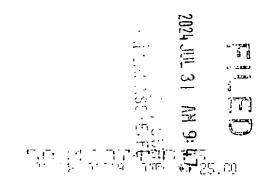
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:

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COVER LETTER

	New Filing Section Division of Corporations					
CHR IEC	Allen Power and Lights LLC					
SUBJEC		Limited Liabili	ty Company		-	
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.			
Please ret	urn all correspondence concerning this	s matter to the fe	ollowing:			
	ADRIAN MIDDLETON, ESQ					
		Name of	Person		<u> </u>	_
	SWORD & SHIELD LLC					2024 J
		Firm/Co	npany		£	7,5
	1437 MARKET ST				53 65 66	
		Addre	ess		ring.	ी :6 प्री
	TALLAHASSEE FL 32312				교통. 대.	ի կ7
		City/State and	d Zip Code			_
	E-mail address: (to be u	sed for future a	nnual report notificati	ioni		
For further	information concerning this matter, pl			,		
	ADRIAN MIDDLETON, ESQ at	850 (815 0256			
	Name of Person	Area Code	Daytime Telephon	e Number	•	
Enclosed	is a check for the following amount:					
■\$125.0	0 Filing Fee ☐S130.00 Filing Fe Certificate of Status	Certific	5.00 Filing Fee & ed Copy al Copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status Copy	&
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Allen Pov	wer and Lights LLC			
(Must con	tain the words "Limited L	liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4705 FOREST GLE			AME	
NORTH FORT MY ARTICLE III - Registered Ag	TERS FL 33903 gent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered	Registered Agent. \ n.) agent are:	You must designate an individual o	
NORTH FORT MY ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	TERS FL 33903 gent, Registered Office, & y cannot serve as its own l active Florida registration	Registered Agent. \ n.) agent are:	You must designate an individual o	
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NORTH FORT MY ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	YERS FL 33903 gent, Registered Office, & y cannot serve as its own lactive Florida registration taddress of the registered SWORD & SHIELD	Registered Agent, No., agent are: LLC Name	You must designate an individual o	
NORTH FORT MY ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	TERS FL 33903 gent, Registered Office, & y cannot serve as its own lactive Florida registration address of the registered SWORD & SHIELD 1437 MARKET ST	Registered Agent, No., agent are: LLC Name	You must designate an individual o	e 11 / 11 State 14 / 14 / 14 / 14 / 14 / 14 / 14 / 14

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

KALEU ALIZA
Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR TERLALLEN 4705 FOREST GLEN DRIVE NORTH FORT MYERS FL 33903 (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 🗓 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:

KAREN ALIZA

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.

KAREN ARIZA

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)