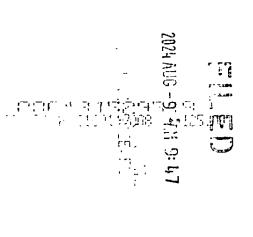
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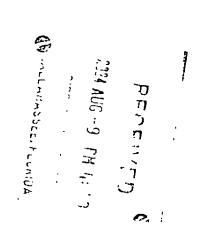
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(8	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	
Special instructions to F	ung Omcer.	

Office Use Only



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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	CERTIFIED COPY			
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PECIALI	NSTRUCTIONS:			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:				
Ekolink Electric,		Liebility Con	npany, "L.L.C.," or "LLC.")		_
Civiusi C	rontain the words. Elimited	Liability Con	npany, E.E.C., or EEC.)		
ARTICLE II - Address: The mailing address and stre	et address of the principal (office of the L	imited Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Add	iress:	
12126 Aster Ave	•		12126 Aster Ave.		
Bradenton, FL, 3	4212		Bradenton, FL, 34212		-
			TV		
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its owr an active Florida registration	n Registered A on.)	d Agent's Signature: Agent. You must designate an i	ndividual or	2024 AUS
	Edward J Kurczeski				
		Name		•	9-9
	12126 Aster Ave.				;
	Florida street addres	ss (P.O. Box)	NOT acceptable)	15a.	
	Bradenton	FL	34212		TH 9: 47
	City	State	Zip	٠.	7
dace designated in this certific arther agree to comply with th	red agent and to accept servate. I hereby accept the appie provisions of all statutes reading attentions of my position	pointment as relating to the as registered /S/ Edward	for the above stated limited lia egistered agent and agree to ac proper and complete performa agent as provided for in Chapta	t in this capacionce of my dutie.	ty. I
	кедія	(CONTIN			

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	TI will Move and
AMBR	Edward J. Kurczeski 501 Adams Lane Suite 3
	North Brunswick, NJ 08902
	
	
(Use attachment if necessary)	
LEV: Effective date if other than the date	of filing: (OPTIONAL)
ffective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 da
e of filing.)	neet the applicable statutory filing requirements, this date will:not be
cument's effective date on the Department of	
·	of State's records.
CLE VI: Other provisions, if any.	19
	9:47
REOUIRED 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.

Edward J. Kurczeski

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)