

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

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JAN 29 2024  
CLERK, DIVISION OF CORPORATIONS  
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1/29/2024

2024 JUN 29 PM 6:23

**Foreign Limited Liability Company**

**Aiello Electric LLC**

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

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JAN 29 2024  
K. Brumbley

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

**1. Aiello Electric LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

Darren Aiello Electric LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

**2. New Hampshire**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 84-3138542**

(FEI number, if applicable)

**4.**

(Date first transacted business in Florida, if prior to registration. If  
(See sections 602.0904 & 605.0905, F.S. to determine penalty liability)

**5. 7901 4th St N STE 300**

(Street Address of Principal Office)

**6. 7901 4th St N STE 300**

(Mailing Address)

**St. Petersburg FL 33702**

**St. Petersburg FL 33702**

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Registered Agents Inc**

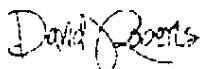
Office Address: **7901 4th St N STE 300**

**St. Petersburg**, Florida **33702**  
(City) (Zip code)

2024 JUN 29 PM 6:23  


**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

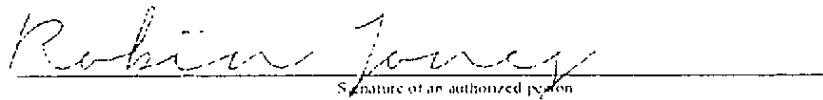
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Darren Aiello	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7901 4th St N STE 300	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Petersburg FL 33702	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

Robin Jones

\_\_\_\_\_  
Typed or printed name of signee

# State of New Hampshire

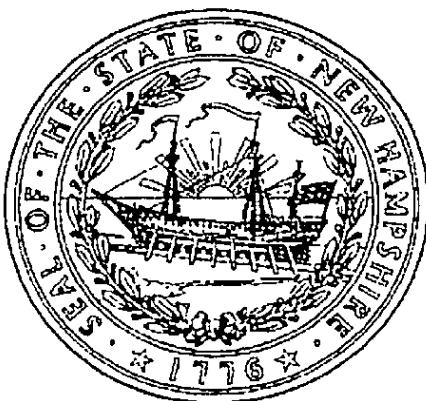
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AJELLO ELECTRIC LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on June 26, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 822341

Certificate Number: 0006547336



IN TESTIMONY WHEREOF,

I hereby set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 19th day of January A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State