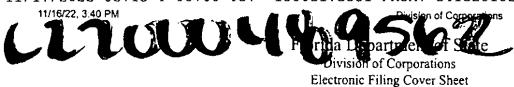
11/17/2022 09:18 T-05:00 TO: +18506176381 FROM: 9416251526



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

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

Email Address: jushuastrange 726 Egmail.com

FLORIDA LIMITED LIABILITY CO. Strange Electric LLC

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W ...

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Strange Electric LLC			
	in the words "Limited L	iability Company	, "L.L.C.," or "LLC.")
mor			
TCLE II - Address: mailing address and street add	dress of the principal of	fice of the Limite	d Liability Company is:
•			
Principa	l Office Address:		Mailing Address:
20433 Kinderkemac A	ve	204	33 Kinderkemac Ave
Limited Liability Company	nt, Registered Office, o	Po Registered Agent Registered Agent	t Charlotte, FL 33952 ent's Signature: You must designate an individu
TICLE III - Registered Ages e Limited Liability Company of ther business entity with an ac	nt, Registered Office, of cannot serve as its own ctive Florida registration	Registered Agent	ent's Signature:
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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..

(CONTINUED)

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ARTICLE IV-

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joshua Strange 20433 Kinderkemac Ave Port Charlotte, FL 33952
(Use attachment if necessary)	
ob v. Enective date, it office mail the da	te of filing: (OPTIONAL)
fective date is listed, the date must be s of filing.)	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not be specified to the applicable statutory filing requirements.
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The name and address of each person authorized to manage and control the Limited Liability Company: