(Requestor's Name)				
(Address)				
(Address	s)			
(City/Sta	te/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
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ACCOUNT NO. : 072100000032

REFERENCE: 971432 4320744

AUTHORIZATION :

COST LIMIT : /

ORDER DATE: June 27, 2007

ORDER TIME : 2:44 PM

ORDER NO. : 971432-015

CUSTOMER NO: 4320744

#### DOMESTIC FILING

NAME: PROJECT PS ENERGY LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

The name of the Limited Liability Company is:		
Project PS Energy LLC		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"		
ARTICLE II - Address:		

## Principal Office Address:

**ARTICLE I - Name:** 

Maili	ng Address:

c/o HLE Consulting LLC	c/o HLE Consulting LLC
226 Bal Cross Road	226 Bal Cross Road
Bal Harbour, Florida 33154	Bal Harbour, Florida 33154

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:

Mr. Jaime Peisach, c/o HLE Consulting LLC
Name

226 Bal Cross Road

Florida street address (P.O. Box NOT acceptable)

Bal Harbour FL 33154 City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGR	Jaime Peisach,c/o HLE Consulting LLC  226 Bal Cross Road Bal Harbour, Florida 33154			
	MGR	Dario Echeverry, c/o HLE Consulting LLC  226 Bal Cross Road  Bal Harbour, Florida 33154			
	(Use attachment if necessary)				
If an	CLE V: Effective date, if other than the da	nte of filing:			
		e Person			
	Signature of a member or an authorized representative of a member.  (In-accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
	By: Jaime Peisac	h, Member			
	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)