

FAX AUDIT NO.: H10000210607 3

L10000099790

Florida Department of State
Division of Corporations
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((H10000210607 3))



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

From: Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
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FLORIDA LIMITED LIABILITY CO.
PENTACLES ENERGY GP LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

PENTACLES ENERGY GP LLC

ARTICLE II – Address:

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

Principal Office Address: 1600 Ponce de Leon Blvd.
Suite 1201
Coral Gables, FL 33134

Mailing Address: P.O. Box 140668
Coral Gables, FL 33114

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ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

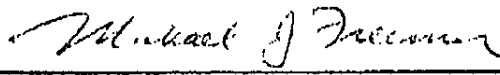
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 statues 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
(Michael J. Freeman, President)

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Gustavo Mancera
1600 Ponce de Leon Blvd.
Suite 1201
Coral Gables FL 33134

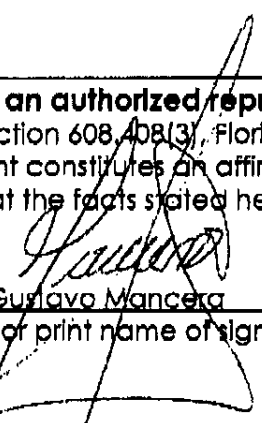
MGRM

Alvaro Campins
1600 Ponce de Leon Blvd.
Suite 1201
Coral Gables FL 33134

REQUIRED SIGNATURE:

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.)


Gustavo Mancera

Type of print name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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