

9/17/13

Division of Corporations

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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

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FLORIDA LIMITED LIABILITY CO.
Rand Energy Consultants, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Rand Energy Consultants, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

19561 Caladesi Drive

19561 Caladesi Drive

Fort Myers, FL 33967

Fort Myers, FL 33967

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Orlando Magnani
Name

19561 Caladesi Drive
(P.O. Box or Mail Drop Box **NOT** Acceptable)

Fort Myers, FL 33967
(City / State / Zip)

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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 608, F.S.

Orlando Magnani
Registered Agent's Signature - Orlando Magnani

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

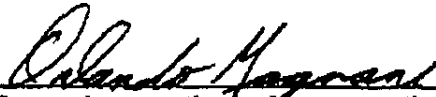
Orlando Magnani - 19561 Caladesi Drive, Fort Myers, FL 33967

MGRM

Diane Magnani - 19561 Caladesi Drive, Fort Myers, FL 33967

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Orlando Magnani

Typed or printed name of signee

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