

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

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

Effective Date 09/13/13

From:

Account Name : HARPER MEYER 6
Account Number : I20090000060
Phone : (305) 577-3443
Fax Number : (305) 577-9921

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

ralbert@harpermeyer.com

Email Address:

**FLORIDA LIMITED LIABILITY CO.
NOPETRO-ORLANDO, LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: **NOPETRO-ORLANDO, LLC**
Name of Limited Liability CompanyFILED
2013 SEP 13 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Albert, Jr., Esq.

Name of Person

Harper Meyer Perez Hagen O'Connor Albert & Dribin LLP

Firm/Company

201 S. Biscayne Blvd., Suite 800

Address

Miami, Florida 33131

City/State and Zip Code

ralbert@harpermeyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Albert, Jr., Esq. at **305** **577-3443**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street/Courier AddressRegistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NOPETRO-ORLANDO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:2625 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES, FLORIDA 33134**Mailing Address:**2625 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES, FLORIDA 33134**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.)

Effective Date 09/13/13

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

LAW CENTER OF THE AMERICAS LLC

Name

201 S. BISCAYNE BLVD., SUITE 800Florida street address (P.O. Box **NOT** acceptable)MIAMI, FL 33131

FL

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)

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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

NOPETRO-CH4 HOLDINGS, LLC

2625 PONCE DE LEON BLVD, SUITE 101

CORAL GABLES, FLORIDA 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/13/2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

RONALD ALBERT, JR.

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)

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