

L0100000/406

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : ALAN D. STUPARITZ, P.A.
Account Number : 076533001315
Phone : (954)783-5030
Fax Number : (954)783-2578

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

POMPANO BEACH ENERGY CENTER, LLC

AL1

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POMPANO BEACH ENERGY CENTER, LLC

ARTICLE II - Address:

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

900 E. ATLANTIC BLVD., SUITE 17
POMPANO BEACH, FL 33060

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

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

ALAN D. STUPARITZ
Name
900 E. ATLANTIC BLVD, SUITE 17
Florida street address (P.O. Box NOT acceptable)
POMPANO BEACH FL 33060
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature] AUTH REP
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.)

ALAN D. STUPARITZ
Typed or printed name of signer

ALAN D. STUPARITZ, P.A.
ALAN'S ACCOUNTING & TAX SERVICE
900 E. ATLANTIC BLVD., SUITE 17
POMPANO BEACH, FLORIDA 33060

954-783-5030

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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