

CT CORPORATION SYSTEM

CORPORATION(S) NAME

LD100000 D3601

GridFlorida LLC

0

100003819151--4

-03/08/01--01083--016

****155.00 ****155.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> Articles | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

3/8/01
Jeffrey@ct GAVE
 AUTHORIZATION BY PHONE TO
 CORRECT Signature
 DATE 3-9-01
 DOC. EXAM. JB

Order#: 378241

Ref#:

Amount: \$

RECEIVED
 MAR - 8 PM 12:42
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

01 MAR - 8 PM 2:5 RECEIVED

APPROVED
 AND
 FILED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

**ARTICLES OF ORGANIZATION
OF
GRIDFLORIDA LLC
A
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
Name**

The name of the Limited Liability Company is: GridFlorida LLC.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 4200 West Flagler Street, Miami, FL 33134,
Attention: C. Martin Mennes.

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

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

CT Corporation

Name

1200 South Pine Island Road

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

Plantation, FL 33324

City, State and Zip (must be a Florida address)

ARTICLE
AND
FILED
01/19/09 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these articles of organization, 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..

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Connie Bryan
Registered Agent's Signature

ARTICLE IV Management

The Limited Liability Company shall be managed by the members in accordance with an operating agreement adopted by the members. The operating agreement may contain any provision not inconsistent with law or these articles of organization.

C. Martin Mennes
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.)

C. Martin Mennes,
Authorized representative of Florida Power Light Company. Member
Typed or printed name of member or authorized representative

RECEIVED
CLERK OF THE COURT
JAN 10 2007
01/10/07 PM 2:57