

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000017037

Turbine Innovation Systems LLC

300004624073--2
-10/05/01--01003--005
****125.00 ****125.00

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

☒ L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

☒ Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

01 OCT -1 PM 4:21
RECEIVED
01 OCT -4 PM 3:55
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Signature _____

Requested by: SS

Name _____

Date 10/4/01

Time 3:35

Walk-In _____

Will Pick Up _____

Handwritten signature/initials

09/05 '01 15:55 NO.990 04/04

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

The name of the Limited Liability Company is:

Turbine Innovation Systems, LLC**ARTICLE II - Address:**

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

7966 Timberlake Drive
W. Melbourne, FL 32904**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Stefan T. Skoppe
7966 Timberlake Drive
Florida street address (P.O. Box NOT acceptable)
W. Melbourne FL 32904
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.

Stefan T. Skoppe
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)

Stefan T. Skoppe
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.)

Stefan T. Skoppe
Typed or printed name of signee**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)

01 OCT -1, PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED