

L020000632427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



700009152347

RECEIVED

02 DEC -4 AM 11:48

DIVISION OF CORPORATION

FILED

02 DEC -4 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name
Availability

Document

Examiner

DCC

Updater

DCC

Office Use Only

Updater

Verifier

DCC

Acknowledgment

DCC

W. P. Verifier

DCC



ACCOUNT NO. : 072100000032

REFERENCE : 841985 121767A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 4, 2002

ORDER TIME : 10:23 AM

ORDER NO. : 841985-005

CUSTOMER NO: 121767A

CUSTOMER: Ms. Melonnie J. Jordan
Karp & Genauer, P.a.

Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

DOMESTIC FILING

NAME: POWERSPARES TECH SERVICES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

02 DEC -4 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED

ARTICLE I - Name:

The name of the Limited Liability Company is:

PowerSpares Tech Services, LLC

ARTICLE II - Address:

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

One South Ocean Boulevard, Suite 324

Boca Raton FL 33432

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

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

Alhambra Registered Agents, Inc.

Name

2 Alhambra Plaza, Suite 1202

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

Coral Gables FL 33134

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.

Martin J. Genauer

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)

Martin J. Genauer

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.)

Martin J. Genauer, Esq.

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC -4 PM 1:54

FILED