

L03 0000 3939 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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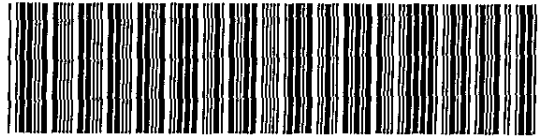
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KeLa Energy, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Lawrence W. Umstadter  
(Name of Person)

Project Consultants & Associates, Inc.  
(Firm/Company)

7575 Dr. Phillips Blvd., Suite 335  
(Address)

Orlando, Florida 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence W. Umstadter at ( 407 ) 345-0555  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KeLa Energy, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

7575 Dr. Phillips Blvd.

Suite 335

Orlando, Florida 32819

#### Mailing Address:

7575 Dr. Phillips Blvd.

Suite 335

Orlando, Florida 32819

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

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

Lawrence W. Umstadter

Name

7575 Dr. Phillips Blvd., Suite 335

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

Orlando

FL 32819

City, State, and Zip

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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.*



Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Thomas Kenton Flanery

7575 Dr. Phillips Blvd., Suite 335

Orlando, Florida 32819

MGR

Lorence Marc Moot

7575 Dr. Phillips Blvd., Suite 335

Orlando, Florida 32819

MGR

Lawrence W. Umstadter

7575 Dr. Phillips Blvd., Suite 335

Orlando, Florida 32819

(use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Lawrence W. Umstadter

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)**

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