

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.

Account Number : 120030000026 Phone : (801)721-4788 Fax Number : (801)475-6420

LIMITED LIABILITY COMPANY

energyp LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

energyp LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5510 SW 25th Avenue

Name

Dania, Florida 33312

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

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

5510 SW 25th Avenue

Eli Mechoullam

Florida succt	address (P.O. Box NOT acceptable)	至
Dania,	_{FL} 33312	S.F.
	City, State, and Zip	ř
liability company at the place designated : registered agent and agree to act in this co statutes relating to the proper and comple accept the obligations of my position as re	nd to accept service of process for the above s in this certificate, I hereby accept the appoint apacity. I further agree to comply with the pr the performance of my duties, and I am familia egistered agent as provided for in Chapter 60s	ment as rovisions of all ar with and
	gistered Agent's Signature	
	ust be added if an effective date is requested))
Signature of a member	or an authorized representative of a member.	
(In accordance with sec of this document consti- that the facts stated her	ation 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	
Eli Mechoullan	1	
Тур	ed or printed name of signee	
	Filing Fees:	

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\$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)