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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : T20010000247

Phone : (305)674-3313

Fax Number : (305)675-2811

## LIMITED LIABILITY COMPANY

### POWER PLANT CONSULTING SERVICES LLC

Certificate of Status	0
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20-Jan-2004 18:06 From-Walt Jayorsky

772-220-8168

T-087 P.002/004 F-095

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIMBILITY COMPANY in compliance with Chapter 808, F.S.

#### ARTICLE! NAME

The name of the Limited Liability Company is:

POWER PLANT CONSULTING SERVICES LLC

#### ARTICLE N ADDRESS

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

4 PINEAPPLE LANE SEWALLS POINT, FL 34996

# ARTICLE II REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

WALTER JAVORSKY 4 PINEAPPLE LANE SEWALLS POINT, FL 34996

Having been named as registered agent to accept service of process for the above stated liability company at the place designated in this cartificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 808, F.S..

WALTER JAVORSKY / Registered Agent's Signature

#### ARTICLE IV MANAGEMENT

The Limited Liebility Company is to be managed by the one or more members and is, therefore a Member-Managed Company.

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20-Jan-2084 18:07

From-Walt Javorsky

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#### ARTICLE V MEMBERS (cottonal)

Managing Member: WALTER JAVORSKY 4 PINEAPPLE LANE SEWALLS POINT, FL 34996

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.)

WALTER JAVORSKY

SECRUTARY OF STATE

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