

LU5000013506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

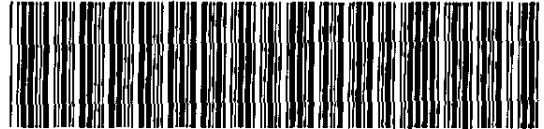
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CORPORATION SERVICE COMPANY*

ACCOUNT NO. : 072100000032

REFERENCE : 194641 81314A

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : February 9, 2005

ORDER TIME : 1:42 PM

ORDER NO. : 194641-005

CUSTOMER NO: 81314A

CUSTOMER: Toni A. Godwin
Kohl & Richard, P.a.

2055 South Kanner Highway

Stuart, FL 34994

DOMESTIC FILING

NAME: SUNCOAST SOLAR, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
SUNCOAST SOLAR, LLC**

A Florida Limited Liability Company

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **Suncoast Solar, LLC**

**ARTICLE II
ADDRESS**

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

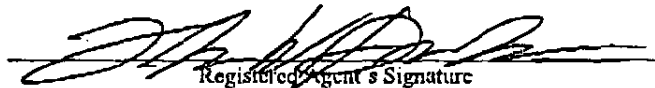
861 SE Polynesian Ave
Port St. Lucie, FL 34983

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

Thomas W. Dvorak
2055 South Kanner Highway
Stuart, FL 34994

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

**ARTICLE IV
MANAGEMENT**

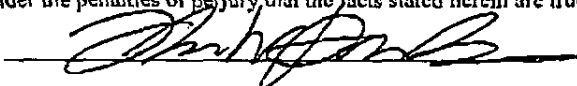
The Limited Liability Company is to be managed by one member or more members and is, therefore, a member - managed company.


Signature of a member or an authorized representative of a member

The name and address of the Managing Member is:

Robert Mapes
861 Polynesian Ave
Port St Lucie, FL 34983

(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)



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