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PICK-UP	□ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sunova, 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:		
Christina L Boggi		
(Name of Person)		-
Sunova, LLC		,,
(Firm/Company)	006	- SEVIC
300 S Duncan Avenue Suite 292	06 APR	SE T
(Address)	12	ARY CO
Clearwater, FL 33756	70 74	RPOR S
(City/State and Zip Code)	5	ATTO
For further information concerning this matter, please call:	∵	
Tina Boggi _{at (} 727) 446-1436		
(Name of Person) at (Area Code & Daytime Telepho	one Number)	
Enclosed is a check for the following amount:		Ì
Certificate of Status Certified Copy Ce (additional copy is enclosed) C	\$160.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)	
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	1	. ·

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:
The hame of the Emilied Eldomly Co	inputy is.
Sunova. LLC	
(Must end with the words "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 S Duncan Ave Suite 292	SAME
Clearwater, FL 33756	
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street address Christina L Boggi 300 S Duncan Av	Name Name PR Suite 292 da street address (P.O. Box NOT acceptable) SECRETARY OF SIMILE FILED RAPR TALLED SECRETARY OF SIMILE FILED SECRETARY OF SIMILE FILED SECRETARY OF SIMILE NOT acceptable)
	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..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member		
Clearwater, FL 33756 Vladmir H Biza 300 S Duncan Ave Suite 292 Clearwater, FL 33756	MGR		
MGR Vladmir H Biza 300 S Duncan Ave Suite 292 Clearwater, FL 33756 Clearwater, FL 33756 Clearwater, FL 3			
300 S Duncan Ave Suite 292 Clearwater, FL 33756 305 S Duncan Ave Suite 292 205 S		Clearwater, FL 33756	
Clearwater, FL 33756 Clearwater, FL 33756 CUse attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	Vladmir H Biza	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		300 S Duncan Ave Suite 292	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAl ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)		Clearwater, FL 33756	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAl ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)			— 26
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAl ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)			<u>\$</u>
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAl ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)			——₹
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days after the date of filing.)			
REQUIRED SIGNATURE:	days after the date of filing.)	•	J
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:	PEGIIDED GION ATURA		
	REQUIRED SIGNATURE:		4
			-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Christina L Boggi

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee