

**L07000091959**

## Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0393

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****ELECTRIC GENERATION & CONTROLS LATIN AMERICA, LLC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ELECTRIC GENERATION & CONTROLS LATIN AMERICA, LLC.**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

Principal Office Address:

14946 SW 19TH COURT

MIRAMAR, FL 33027

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARICARMEN ROZAS

Name

14946 SW 19TH COURT

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

MIRAMAR, FL 33027

FL

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..

*Maricarmen Rozas*  
(Registered Agent's Signature (REQUIRED))

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

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

**Title:**

"MOR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MARICARMEN ROZAS


14946 SW 19TH COURT

MIRAMAR, FL 33027

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09-06-2007 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
**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.)

MARICARMEN ROZAS

Typed or printed name of signee

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