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WI OR DATE

COVER LETTER

то:	Registration Se Division of Co			
SUBJI	ЕСТ:		ast Synergy LLC	_
		(Name of Limite	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Jo	seph Byers	
		(Name of Person)	
			F:/C	
			(Firm/Company)	
		1626 SE Gre	een Acres Circle J 202	
		Dant Caint		
		· · · · · · · · · · · · · · · · · · ·	Lucie, FL 34952 /State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
		h Byers	at (- 2
		of Person)	(Area Code & Daytime Telephone Number of LCRARE AND	
_		or the following amount:	TAR TARS	C
√ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Certificate of State Certified Copy (additional copy is enclosed)	atus &
	,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	·
Treasure Coast Syne	rgy LLC
Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1626 SE Green Acres Circle	1626 SE Green Acres Circle
J 202	J 202
Port Saint Lucie, FL 34952	Port Saint Lucie, FL 34952
business entity with an active Florida registration.) The name and the Florida street address of the registration.	egistered agent are:
Name	DYEKS 1202
V07 \ A = 1 1	ress (P.O. Box NOT acceptable)
City, State, at	TEL 5975
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	recept service of process for the above stated limited this certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, E.S
(CONTINU Page 1 of 2	· ·

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Mana "MGRM" = Ma	_		
IVIGICIVI — IVIA	naging Member		
MGRM		Joseph Byers	
		1626 SE Green Acres Circle J 202	
		Port Saint Lucie, FL 34952	<u> </u>
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	<u> </u>		
			
			
		· · · · · · · · · · · · · · · · · · ·	
(Use attachment	-	ate of filing: JANUARY 1, 2008 (OP	TIONAL)
LE V: Effective	date, if other than the da	nte of filing: <u>JANUALY</u> 1, 2008. (OP pecific and cannot be more than five busing	
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LE V: Effective ffective date is list days after the d	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of	pecific and cannot be more than five busing	ess days prio
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CLE V: Effective ffective date is list days after the d	date, if other than the dated, the date must be state of filing.) GNATURE: Signature of a member of this document constitut that the facts stated here	on 608.408(3), Florida Statutes, the execution are true.) Joseph Byers	ess days prio

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)