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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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: (850)878-5926

FEORIDA/FOREIGN LIMITED LIABILITY CO.

Alterra Energy Services Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Thing Aem

Help

MAY - 5 2008



ARTICLE 1 - Name:	
The name of the Limited Liability Co.	mpany is:
Alterra Energy Services Florida, LLC	
(Must and with the words "t.)	nited Liubility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2302 Southeast Marius Street	2302 Southeast Marius Street
Port St. Lucie, PL 34952	Port St. Lucie, FL 34952
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designise an individual or another }
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an individual or another }
(The Limited Liability Company cannot serve as it business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an individual or another }
(The Limited Liability Company cannot serve as it business entity with an active Florida registration. The name and the Florida street address.	s own Registered Agent. You must designate an individual or another so of the registered agent are:
(The Limited Liability Company cannot serve as it husiness entity with an active Florida registration.) The name and the Florida street address C. T.	s own Registered Agent. You must designate an individual or another se of the registered agent are: *Corporation System
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address C. T.	s own Registered Agent. You must designate an individual or another so of the registered agent are: 'Corporation System Name
(The Limited Liability Company cannot serve as it husiness entity with an active Florida registration.) The name and the Florida street address C. 1	s own Registered Agent. You must designate an individual or another so of the registered agent are: *Corporation System Name South Pine Island Road

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

(CONTINUED) Page I of 2

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Philip A. Palmer
	64 New York Avenue N.B., Suite 3146
•	Washington, DC 20002
(Use attachment if necessary)	•
•	
FICLE V: Effective date, if other than t	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
m enective date is usted, the date must r 90 days after the date of filing.)	De specific and candot be more than five business days pro
REQUIRED SIGNATURE:	·
(Franco O. Chales
Signature of a men	abor up in interized representative of a member.
-	

that the facts stated herein are true.)

Gregory D. Chafee, Esq., Authorized Representative

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of porjuly

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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