L09000008390

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ac | ldress) | |
| . (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | . MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies Certificates of Status | | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

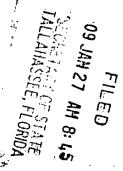


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ACCOUNT NO. : 072100000032

REFERENCE: 872642

2642 4300043

AUTHORIZATION C

COST LIMIT : \$125.0

ORDER DATE: January 27, 2009

ORDER TIME : 3:46 PM

ORDER NO. : 872642-085

CUSTOMER NO: 4300043

DOMESTIC FILING

NAME: PALMCO POWER FL LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: PALMCO POWER FL LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C Mailing Address: Principal Office Address: 1350 60th STREET 1350 60th STREET BROOKLYN NY 11219 BROOKLYN, NY 11219 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:

| Corporation Service | ce Company |
|---------------------|--|
| | Name |
| 1201 Hays Street | |
| Florida st | reet address (P.O. Box NOT acceptable) |
| Tallahassee | _{FL} 32301 |
| 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..

Y: Sovya Lodell

Registered Agent's Signature (REQUIRES) Drya L. Cordell

Assistant VP

(CONTINUED)
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" = Manager "MGRM" = Managing Member MGRM ROBERT PALMESE 1350 60th STREET BROOKLYN NY 11219 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (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

ROBERT PALMESE
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)