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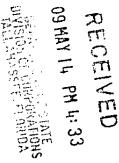
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
[] PICK-UP
(Custness Entity Name)
(Cocument Number)
Certificates of Status
Special instructions to Filing Officer

Office Use Only



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05/15/09--01002--010 **155.00



B. KOHR

MAY 15 2009

EXAMINER



COVER LETTER

TO: Registration Division of C			
SUBJECT: E	NERO Signame of Limit	ited Liability Company)	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	4.11.00
Please return all corres	pondence concerning this ma	tter to the following:	芦蔓州
· .	Jin 1	(Name of Person)	LED LED
	Energy Soving	(Firm/Company)	FLORIDA FI. 55
263	12 Peachtree	(Address)	<u> </u>
Total	ussee , T-L	31304 ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Jīn (Name	of Person)	at (850) 445- (Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	X.	BLED IN PALE
INTEGRATED ENERGY INNOVATIONS, L		Paris Paris
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited	Liability Campany is:
Principal Office Address:	Mailing Address:	
2622 Peachtree Dr	Same	
Tallahassee, FL 32304		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
	Liu	
2622 Peachtr Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Tallahassee City, State, an	FL 32304 d Zip	
Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete pery	is certificate, I hereby accepi I further agree to comply w	t the appointment as with the provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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

Title: "MGR" = Manager "MGRM" = Managi	ng Member	Name and Address:	
<u>MGRM</u>		Jin Lie 2622 Peach tree Taldaha ssee	P- FC 32304
			,
(Use attachment if no	ecessary)		
	the date must be spe	of filing:cific and cannot be more th	
days after the date o			
•	ATURE:		
REQUIRED SIGNA	J'n	Liven authorized representative of	n member
(In	nature of a member or a	n authorized representative of a solution (3), Florida Statutes, the ean affirmation under the penalties are true.)	xecution

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)