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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY 2 7 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C		
SUBJE	ECT:	INTERNATION	AL POWER SOLUTIONS LLC
		Name of Limit	ted Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	tter to the following:
		WALTON	WADE MANNING III
			Name of Person
		INTERNATIONA	AL POWER SOLUTIONS LLC
			Firm/Company
		6355 AL	AMANDA HILLS DR
			Address
		LAł	KELAND 33813
		Ci	ty/State and Zip Code
		w.ma	nning@yahoo.com for future annual report notification)
For fur	ther information	concerning this matter, pleas	
10.14.		, exmediting and manager, product	- Can
-		ADE MANNING III	_at (828)
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check f	or the following amount:	
∕]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL POWER SOLUTIONS 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 Company is:

Principal Office Address:	Mailing Address:
6355 ALAMANDA HILLS DR	6355 AL AMANDA HILLS DR
LAKELAND FL 33813	LAKELAND FL 33813

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

(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:

WALTON WAD	E MANNING III
Nam	ne
6355 ALAMAN	IDA HILLS DR
Florida street address (P.	O. Box <u>NOT</u> acceptable)
LAKELAND 33813	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..

Walton Wade Manning III
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
STATE

OIVISION OF CORPORATION:

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:

"MGR" = Manager "MGRM" = Managing Member Walton Wade Manning III 6355 ALAMANDA HILLS DR LAKELAND FL 33813 (Use attachment if necessary) PLE V: Effective date, if other than the date of filing:		oneger	Name and Address:	
Walton Wade Manning III 6355 ALAMANDA HILLS DR LAKELAND FL 33813 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
Walton Wade Manning III 6355 ALAMANDA HILLS DR		Munaging Memoer		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		<u>de Ma</u> nning III	6355 ALAMANDA HILLS DR	
CLE V: Effective date, if other than the date of filing:			LAKELAND FL 33813	
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Adays after the date of filing.) REQUIRED SIGNATURE: **Contract Contract	(Use attachm	nent if necessary)		
REQUIRED SIGNATURE: Walton Wase Manning III 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.) Walton Wade Manning III Typed or printed name of signee Filing Fees:	CLE V: Effect	tive date, if other than the	e date of filing: (OPT	— TIONAI
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of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)