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SECRETARY OF THE DIVISION OF THE PARTY OF

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ст: На	rmony Ene	rgy Conce	epts, Li	LC
		ne of Limited Liab	<u> </u>		
The en	closed Articles of Organization and	fee(s) are submit	ted for filing.		
Please	return all correspondence concernit	ng this matter to th	ne following:		
			s Martin	,	<u> </u>
		Name	of Person		
	Ha	armony Energ	y Concept	s, LLC	
		Firm/C	Company		
	8823 San Jose Bivd #103				
		Ac	dress		
	Jacksonville, FL 32217				
		•	and Zip Code		
-	E-mail address:	TMartin@ma			,
For fur	ther information concerning this ma	`	•		,
	Tom Martin Name of Person	at (904 Area Code &	Davtime T	737-1034
	ed is a check for the following a 00 Filing Fee \$130.00 Filin Certificate of	g Fee &\$1 Status C	55.00 Filing bertified Copy is	Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Secondinistration of Corp.O. Box 6327 Tallahassee, FL	tion porations	Street/Cour Registration Division of Clifton Bui 2661 Execu Tallahassee	Section Corporation Iding Itive Cente	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Emitted Liability Company is.		
Harmony Energy Co	oncepts, LLC	
(Must end with the words "Limited Liabili	ity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
8823 San Jose Blvd #103	8823 San Jose Blvd #103	
Jacksonville, FL 32217	Jacksonville, FL 32217	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:	SECRETAS DIVISION OF 1
Thomas I	viarun	5
8823 San Jose		Y 01 1011111111111111111111111111111111
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Jacksonville, FL 32217 FL City, State, and Zip		5
Having been named as registered agent and to a 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 accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept the appointment. I further agree to comply with the provisior rformance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F	nt as ns of all h and

(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:

<u>1111e:</u>	Name and Address:				
"MGR" = Manager					
"MGRM" = Managing Member					
MGRM	Thomas Martin				
	8823 San Jose Blvd #103				
	Jacksonville, FL 32217				
MGRM	84 1 84 11				
IVIGRIVI	Mark Martin				
	8823 San Jose Blvd #103				
	Jacksonville, FL 32217				
MGRM	Todd Civindon				
INGIVIAL	Todd Sweders				
	8823 San Jose Blvd #103				
	Jacksonville, FL 32217				
(Use attachment if necessary)					
	e of filing: (OPTIONAL)				
	ecific and cannot be more than five business days prior				
to or 90 days after the date of filing.)					
REQUIRED SIGNATURE:					
	I will				
Signature of member or	an authorized representative of a member.				
(In accordance with section	608.408(3), Florida Statutes, the execution				
	es an affirmation under the penalties of perjury				
that the facts stated herein					
-	Thomas Martin				
Typed	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)