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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

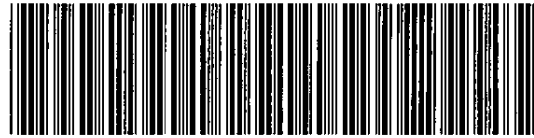
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 JUN 18 AM 5:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 5 - 2009

EXAMINER

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2009

KENNETH E SIDLER  
149 LINDEN AVE  
EMERSON, NJ 07630

SUBJECT: SOUTHLAND POWER CORPORATION, LLC  
Ref. Number: W09000026527

We have received your document for SOUTHLAND POWER CORPORATION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 709A00019005

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Southland Power Corporation, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth E. Sidler

Name of Person

Southland Power Corporation, LLC

Firm/Company

149 Linden Avenue

Address

Emerson, NJ 07630

City/State and Zip Code

ksidler@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth E. Sidler

Name of Person

at ( 201 ) 745-7720

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Southland Power E. Energy Company, 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:

149 Linden Avenue

Emerson, NJ 07630

#### Mailing Address:

149 Linden Avenue

Emerson, NJ 07630

### 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:

Jonathan E. Sidler

Name

6491 Racquet Club Drive

Florida street address (P.O. Box NOT acceptable)

Lauderhill, FL 33319

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.*

Jonathan E. Sidler

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

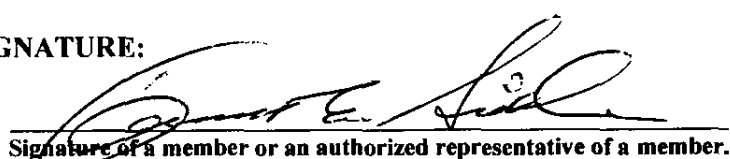
Kenneth E. Sidler  
149 Linden Avenue  
Emerson, NJ 07630

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SECRETARY OF STATE  
TREASURY

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:           Date of Filing          . (OPTIONAL)  
(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 that the facts stated herein are true.)

Kenneth E. Sidler

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)