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C. LEWIS

AUG - 6 2009

EXAMINER

### **COVER LETTER**

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**Registration Section** 

TO:

Division of Co	orporations	
SUBJECT:	Tic	lal Energy, LLC
	Name of Limite	ed Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this matt	er to the following:
	Do	uglas Bedgood
		Name of Person
***************************************	Tid	al Energy, LLC
		Firm/Company
	7	33 Love Ln.
		Address
	Key	West, FL 33040
	Cit	y/State and Zip Code
••••	douglas@	keyshydropower.com or future annual report notification)
For further information	concerning this matter, please	·
	as Bedgood of Person	at ( 305 ) 587-3895  Area Code & Daytime Telephone Number
Enclosed is a check f	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company	is:
Tidal Ene	rgy, LLC
(Must end with the words "Limited L	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
733 Love Ln. Key West, FL 33040	733 Love Ln. Key West, FL 33040
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Douglas	s Bedgood
	s Bedgood  ove In
733 L	Love Ln.
	P.O. Box NOT acceptable)
Key West, FL 3304	
City, Stat	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

#### Page 1 of 2

## FILED

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

2009 AUG -5 AM 11: 19

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

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Title:		Name and Address:	TALLAHA
"MGR" = Mana "MGRM" = Ma	ager anaging Member		
MGRM		Douglas Bedgood	
		733 Love Ln.	
		Key West, FL 33040	***
MGRM		Robin Smith-Martin	
		PO BOX 4231	
		Key West, FL 33041	
	<del></del>		
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(Use attachmen	t if necessary)		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)