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(Requestor's Name)

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(City/State/Zip/Phone #)

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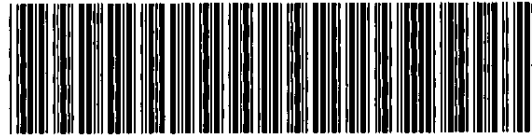
(Business Entity Name)

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VALIDATION ONLY

ROLANDO E. LEIVA CPA

Requester's Name 7400 SW 50 TERR #302

Address Miami, FL 33155

City State ZIP Phone (305) 663-1511

EFFECTIVE DATE 3/10/2011

CORPORATION(S) NAME

Energy Supply USA, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

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Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: February 24, 2010

ARTICLE I – NAME:

The name of the Limited Liability Company is:

ENERGY SUPPLY USA, LLC

EFFECTIVE DATE 3/10/2010

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

8370 NW 66 STREET
DORAL, FLORIDA 33136

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

STEVEN VEGA

Name

8370 NW 66 STREET

Florida Street Address

DORAL, FLORIDA 33166

City, State, and Zip

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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.


Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company. The name and address of each initial MANAGER or MANAGER MEMBER are as follows:

Title:

Member/Manager

Name and Address:

**JIANHAO WANG
8370 NW 66 STREET
DORAL, FLORIDA 33166**

Member/Manager

**JUNJIE WU
8370 NW 66 STREET
DORAL, FLORIDA 33166**

Member/Manager

**XIANGKUI ZHU
8370 NW 66 STREET
DORAL, FLORIDA 33166**

Member/Manager

**DINGHUA YING
8370 NW 66 STREET
DORAL, FLORIDA 33166**

Member/Manager

**MAODONG JIANG
8370 NW 66 STREET
DORAL, FLORIDA 33166**

Member/Manager

**STEVEN VEGA
8370 NW 66 STREET
DORAL, FLORIDA 33166**

ARTICLE V - BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: MARCH 10th, 2010.



Signature of 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



STEVEN VEGA
Member/Manager of LLC

March 8, 2010