L10000059093

(Requestor's Name) (Address)	
(Address)	_ 500181465685
(City/State/Zip/Phone #)	 06/01/1001035004 **130.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	_ EFFECTIVE DATE_\$\frac{5}{28}200 \frac{2}{2}
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Office Use Only

B. KOHR

JUN - 3 2010

EXAMINER

COVER LETTER EFFECTIVE DATE 5 28 2010

TO: Registration Section Division of Corporations	
SUBJECT: Onset Name of Lim	UN + I VC ENCTOY
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
David Case	Popham Jr Name of Person
Conser	Vative Energy Firm/Company
3162 Com	modore Plaza Suite 3:E,F,G,H
Coconut	Grove FL 33133 City/State and Zip Code
Constructive E E-mail address: (to be used)	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Pavid C Popham Name of Person	at (305) 301 – 3127 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee \$\blue{\mathbb{G}}\$\$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	Street/Courier Address Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

EFFECTIVE DATE 5 28 20 1 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability	Energy LLC y Company, "L.L.C.," "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:	
3162 Commodore Plaza Suite 3F F G H Coconut Grove FL 33133	316) Commadore Plaza Svite 3E, F, G, H Coronut Grove FL, 33133	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		

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:

David Case Ropham JT

Name

(A00 SW SW Street A-108

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

Wiami FL 33 SG

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.

Registered Agent's Signature (REQUIRED

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the 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.)

David Cace Popham Jr
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)