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SECRETARY OF STATE
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EXAMINER

John B. Crowther

ATTORNEY AT LAW
279 EAST GRAVES AVENUE
ORANGE CITY, FLORIDA 32763
TEL. (386) 775-6179
FAX (386) 775-7908

October 28, 2010

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Articles of Organization:

SOLAR CROSS, LLC; CIRCUMPUNCT, LLC; and LUNA CRESCENS, LLC

Ladies/Gentlemen:

Enclosed please find the original and ONE (1) copy of the Articles of Organization for each of the above-referenced corporation.

It would be most appreciated if you would file said articles and <u>return the photocopy</u> (<u>not</u> certified copy) thereof to this office <u>with the date of filing stamped thereon</u>.

Also enclosed please find my office check in the amount of \$375.00 broken down as follows: Filing fees (\$300.00) and registered agent fees (\$75.00).

Thanking you, and should you have any questions please do not hesitate to contact me.

Very truly yours.

John E. Crowther

JEC: Encl:as

ARTICLES OF ORGANIZATION

FOR

SOLAR CROSS, LLC.

10 NOV -2 PM 4:02

SECRETARY OF STATE O THE UNDERSIGNED, for the purpose of forming a Limited Liability Company under th Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE 1

Name

The name of the Limited Liability Company is SOLAR CROSS, LLC.

ARTICLE II

Address

The address of the principal office of the Limited Liability Company is 224 River Village Drive, DeBary, Florida 32713.

ARTICLE III

Purpose

The Limited Liability Company may transact any and all business for which Limited Liability Companies may be lawfully organized under the Laws of the State of Florida.

ARTICLE IV

Registered Agent

The name and Florida street address of the registered agent is COREY WILSON, 224 River Village Drive, DeBary, Florida 32713.

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 that 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, Florida Statutes.

ilson, Registered Agent

ARTICLE V

Managing Member

The name and address of the Managing Member is as follows:

Title Title

Name and Address

MGRM

COREY WILSON AND TARA WILSON REVOCABLE INTERVIVOS TRUST 224 River Village Drive DeBary, Florida 32713

DATED: 10/27/10, 2010.

Corey Wilson, Co-Trustee Managing Member

Tara Wilson, Co-Trustee Managing Member

STATE OF FLORIDA COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared COREY WILSON and TARA WILSON, as Co-Trustees of the COREY WILSON AND TARA WILSON REVOCABLE INTERVIVOS TRUST, who is personally known to me or who produced with the executed the same for the purposes therein expressed.

WITNESS my hand and official seal this of the purposes therein expressed.

Public, State of FL

commission expires:

JOHN E. CROWTHER MY COMMISSION # DD 990144 EXPIRES: September 10, 2014 Bonded Thru Budget Notary Services