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(Re	questor's Name)	
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EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECINE FARY OF STATE

TILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Company is:
Moon Ene	gy, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
39 Sarasota St. Miramar Beach, FL 32550	P. O. Box 6190 Miramar Beach, FL 32550
Miramar Beach	ered Agent. You must designate an individual or another

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)

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

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

"MGR" = Manager "MGRM" = Managing Me	Name and Address: mber
MGRM	Von A. Martin
	39 Sarasota St.
	Miramar Beach, FL 32550
MGR	Karen J. Martin
	39 Sarasota St.
	Mirmar Beach, FL 32550
<u> </u>	· · · · · · · · · · · · · · · · · · ·
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(Use attachment if necessal LE V: Effective date, if other fective date is listed, the decent days after the date of filing required SIGNATURES)	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business da ag.)
LE V: Effective date, if oth fective date is listed, the d days after the date of filin REQUIRED SIGNATULE.	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business da ag.)
LE V: Effective date, if oth ffective date is listed, the d days after the date of filin REQUIRED SIGNATULE.	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business da ag.)
LE V: Effective date, if other fective date is listed, the ded days after the date of filing and the signature (In accordance with constitutes an affilial am aware that an constitutes a third	ate must be specific and cannot be more than five business dang.) of a member or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution of this document remain under the penalties of perjury that the facts stated herein are true. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other fective date is listed, the days after the date of filing a signature. (In accordance with constitutes an affilial am aware that an constitutes a third.)	ate must be specific and cannot be more than five business dang.) The of a member or an authorized representative of a member. The section 608.408(3), Florida Statutes, the execution of this document remation under the penalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State

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)