L11000021879

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
A. LUNT	
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SEGRE JARY OF STATE.

TALLAHASSEE, FLORIE.

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COVER LETTER

TO: Registration S Division of Co				
SURJECT. T&H	Power Resource	es, LLC		
		ed Liability Company		
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Theodore	Jonczak			
		Name of Person		
T&HPo	wer Resources, L	LC		~ .
		Firm/Company	[- 60	2
8222 SE	Royal Street		AHA:	
		Address	<u> </u>	8
Hobe Soun	d, Florida 33455		mo To	N 8 8 8 1
	City	y/State and Zip Code		
tjonczak@c			All 1 1	38
	E-mail address: (to be used f	or future annual report notification)	"	
For further information of	concerning this matter, please	e call:		
Theodore Joncza	ak	at (772) 546-1895		
Name o	of Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T & H Power Resources, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	2011 74.1.2	
8222 SE Royal Street	8222 SE Royal Street	FEB AHA	-
Hobe Sound, FL 33455	Hobe Sound, FL 33455	(A)	
		ाहित्र ०	ſ
		3	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent'	s Signature:	-
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an indiv	vidual or another	-
business entity with an active Florida registration	.)	No	

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

Hilary K. Jonczak	
	Name
220 Washingto	on Avenue, Apt. 5D
Florida str	reet address (P.O. Box NOT acceptable)
Miami Beach	_{FL} 33139
C	City, State, and Zin

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECALIARY OF STALLAHASSEE.FLO
President and MGR	Theodore Jonczak	
	8222 SE Royal Street	٠٠.
	Hobe Sound, FL 33455	
Vice President and MGRM	Hazel Jonczak	
,	8222 SE Royal Street	
	Hobe Sound, FL 33455	
(Use attachment if necessary)		

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Hilary K. Jonczak

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)