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(((H11000150660 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

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Email Address:

FLORIDA LIMITED LIABILITY CO. PACIFIC ENERGY GROUP LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

J. SAULSBERRY **EXAMINER**

JUN 8 2011

Electronic Filing Menu Corporate Filing Menu

Help

H11000150660

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
PACIFIE ENERGY (DROUP LLC) (Must and 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:	
1867 NW 97 AU. #107 DORAL FL 33172	DenoL FL 33172	
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 arother business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: Tesos L- Oribe Name Tesos L- Oribe Tesos L- Ori		
Name		
DORAL FL	Po. #107 ress (P.O. Box NOT acceptable)	
Having been named as registered agent and to a	accept service of process for the above stated limited	

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

H11000150660

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
"MUKM" = Managing Memoer		
MERH	Jesus L. URBE	
	1867 NW 97 AU #107	
MGRH	Juan X Pennone	
	PO. Box 526361 Hismi Fl 33152 # 12	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	te 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.)		
<u>REQUIRED</u> SIGNATURE:	The state of the s	
John Hom B		
	OFF.	
Signature of a member o	r an authorized representative of a member.	
(In accordance with section 608.40	8(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.)		
<u>←</u>		
Juan X. Pennone		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2