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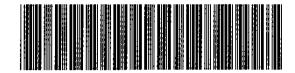
(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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EXAMINER



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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARIMENT OF STATE DIVISION OF CORPORATION

DIVISION OF CORPORATION

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				Foreign Corp. File	
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ARTICLES OF ORGANIZATION OF ENERGY RESOURCE MANAGEMENT, LLC

ARTICLE I - NAME

The name of the limited liability company is ENERGY RESOURCE MANAGEMENT, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 478 Arthur Moore Drive Green Cove Springs, Florida 32043 Mailing Address: 478 Arthur Moore Drive Green Cove Springs, Florida 32043

ARTICLE III - NATURE OF BUSINESS

The general character, purpose, and nature of the business is to provide commercial and residential building energy consumption monitoring and related businesses, and any other lawful business in the State of Florida and elsewhere.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Bob E. Downard 478 Arthur Moore Drive Green Cove Springs, Florida 32043

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..

Bob E. Downard

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Name and Address:

<u>Title</u>:
"MGR" = Manager
"MGMR" = Managing Member

MGMR

Bob E. Downard

478 Arthur Moore Drive

Green Cove Springs, Florida 32043

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.)

Bob E. Downard
Typed or printed name of signee