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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Out wind In advice the new to	Filing Officer	
Special Instructions to	rining Omoer.	

Office Use Only

B. KOHR

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EXAMINER



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DEPARTMENT SECULORIDA TALL AMASSEE FLORIDA

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration of Division of	on Section f Corporations		્ર
SUBJECT: Ras	Star Energy Solutio	ns LLC.	
	Name of Limit	ed Liability Company	2
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	ン
Please return all cor	respondence concerning this mat	ter to the following:	
<u>James</u>	C. Young II		
		Name of Person	
Firm			
		Firm/Company	
613 Fa	mcee Ave		
		Address	
Tallahas	see, Fl 32310		
	Cit	y/State and Zip Code	
j.young3	57@gmail.com		
		for future annual report notification)	
For further informat	ion concerning this matter, pleas	e call:	
James Young	H	at (850) 980-0586	
Na	ame of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for 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 enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	lity Company, "L.L.C.," or "LLC.")
RaStar Energy Solutions LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	بن Principal office of the Limited Liability Company is?
Principal Office Address:	Mailing Address:
Principal	James C. Young II 613 Famcee Ave
	Tallahassee, Fl 32310
The name and the Florida street address of the solution James C Young II Name 613 Famcee Ave	
Florida street ad	dress (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32310
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

"MGRM" = Managing Member	
MGRM	Sames C. Youngh
	Tallahassee, Fl 32310
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTIONA
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day

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.)

Tuned or printed name of signes

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)