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EXAMINER NOV 1 5 2011

COVER LETTER

Division of Corporations
SUBJECT: Solar Enovation
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Patrick Kelley
Name of Person
Solar Enovation
Firm/Company
1281 SE Seashell LN
Address
Stuart/Florida 34996
City/State and Zip Code
solarenovation@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Kelley at (772) 678-0835 Name of Person Area Code & Daytime Telephone Number
The same of the sa
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \$\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \$\ \$\subse
Mailing Address Registration Section Division of Corporations Clifford Publishing Address Street/Courier Address Registration Section Division of Corporations Clifford Publishing
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	EFFECTIVE DATE	
Solar Enovation LLC.		-	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liabilit	y Company is:	
Principal Office Address:	Mailing Address:		
1281 SE Seashell LN Stuart, Florida 34996	1281 SE Seashell LN Stuart, Florida 34996		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual of of the registered agent are:	nature: r another	
James P. Kelley		چست	
Name		3	
1281 SE Seashell LN			
Florida s Stuart	street address (P.O. Box <u>NOT</u> acceptable) FL 34996	THOU IN PH F.	
	City, State, and Zip		
liability company at the place designa registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above ated in this certificate, I hereby accept the app capacity. I further agree to comply with the p plete performance of my duties, and I am fam as registered agent as provided for in Chapte	e stated limited pointment as provisions of all piliar with and	

(CONTINUED)

egistered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	James P. Kelley
	1281 SE Seashell LN
	Stuart, Florida 34996
<u> </u>	
'	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: ANDALY 1, 201. (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.)

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.)

James P. Kelley

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)