

12000000026

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000305657 3)))



H110003056573ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1200

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: robert.forman@henlaw.com

FLORIDA LIMITED LIABILITY CO.  
VITTORIA ENRG ADVISORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
11 DEC 30 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 DEC 30 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

JAN 03 2012

EXAMINER

FAX AUDIT NO.: H11000305657 3

**ARTICLES OF ORGANIZATION  
OF  
VITTORIA ENRG ADVISORS, LLC**

**FILED**  
**11 DEC 30 AM 11:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I-NAME**

The name of the limited liability company shall be VITTORIA ENRG ADVISORS, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

9220 TRIANA TERRACE, APT. 1  
FORT MYERS, FLORIDA 33912

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence on January 1, 2012, and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
ROBERT S. FORMAN	1715 MONROE STREET FORT MYERS, FL 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FAX AUDIT NO.: H11000305657 3

FAX AUDIT NO.: H11000305657 3

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

<u>Name</u>	<u>Address</u>
JOHN MATSON	9220 TRIANA TERRACE, APT. 1 FORT MYERS, FLORIDA 33912

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 30<sup>th</sup> day of December, 2011.

  
\_\_\_\_\_  
ROBERT S. FORMAN  
Authorized Representative

FAX AUDIT NO.: H11000305657 3

FAX AUDIT NO.: H11000305657 3

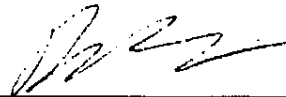
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: VITTORIA ENRG ADVISORS, LLC, LLC.
2. The name and address of the registered agent and office are:

ROBERT S. FORMAN  
1715 MONROE STREET  
FORT MYERS, FL 33901

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.



---

ROBERT S. FORMAN  
Registered Agent

FAX AUDIT NO.: H11000305657 3