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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

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COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	Energein, LLC Name of Limit	ed Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return a	all correspondence concerning this mat	ter to the following:
	Dicgo Monro	Name of Person
		Name of Person
		Firm/Company
	224 Nay 3	· :+
	•	Address
	Tallaharsee FL	, 22704
	Ci	y/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further inf	ormation concerning this matter, pleas	e call:
Diego	Monroy	at (239 S8D 8574 Area Code & Daytime Telephone Number
•	Name of Person .	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	g Fee \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne•	•	
	mited Liability Compar	ny is:	
	nergein LLC	Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Ad	dress:		mited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
ZZY Doy 5/ Tallohorm.FL	32304	Tellehessee, FL	<i>3</i> २३०५
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of	tered Office, & Registered Registered Agent. You must designate the registered agent are:	Agent's Signature: ite an individual or another
	Diego Monre	<i>o</i> y Name	- 12,4
	224 Day 5+		
•	Florida stre	eet address (P.O. Box <u>NOT</u> accep	73 m 773 35475
	Tallahassee Ci	FL テそうのリ ity, State, and Zip	· · · · · · · · · · · · · · · · · · ·
liability compai registered agent ar	ny at the place designate nd agree to act in this ca to the proper and comple	ed in this certificate, I hereby	nply with the provisions of all , and I am familiar with and

Page 1 of 2

(CONTINUED)

MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	Diego Monroy
<u> </u>	Diego Monroy 224 Day 54 Tallaharree, FL 32304
	Talleharre, FL 32304
<u>. </u>	·
	·
• ;	
EV: Effective date, if other than the ective date is listed, the date must days after the date of filing.)	ne date of filing: (OPTION be specific and cannot be more than five business de
ective date is listed, the date must	be specific and cannot be more than five business de
ective date is listed, the date must	be specific and cannot be more than five business de
days after the date of filing.)	be specific and cannot be more than five business de
days after the date of filing.)	be specific and cannot be more than five business de
days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business d
REQUIRED SIGNATURE: Signature of a member	be or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	be specific and cannot be more than five business depends on an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State