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C. LEWIS

SEP -5 7012

EXAMINER

COVER LETTER

TO: Registration Son Division of Con			·
_{SUBJECT:} Florida	a Power Genera	tion LLC	
Sobsect.	 	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
	ondence concerning this mat	_	
Cua mam . (- -	- -	
Gregory (<u> </u>	Name of Person	<u> </u>
Florida Po	ower Generation	ПС	
Tiondare	Swel Generation	Firm/Company	
9130 Gall	eria Court Suite 3	326	
		Address	
Naples, Fl	_ 34109		
		ty/State and Zip Code	
office@florio	lagen.com		
कार्य है जिल्हें हैं है है जा है	E-mail address: (to be used	for future annual report notification)	
For further information of	concerning this matter, pleas	e call:	
Gregory Greaves	3	at (239) 206-4509	
Name o	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	r 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida Power Generation LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:			
	Walling Padd C551			
9130 Galleria Court Suite 326	9130 Galleria Court Suite 326 Naples, FL 34109			
	9130 Galleria Court Suite 326			

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

Gregory Greaves

Name

9130 Galleria Court Suite 326

Florida street address (P.O. Box NOT acceptable)

Naples, FL 34109

<u>FL</u>

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

FILED

The name and address of each Manager or Managing Member is as follows: SEP -4 AM 11: 20

Gregory Greaves 9130 Galleria Court Suite 326
9 130 Galleria Court Suite 326
Naples, FL 34109

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.)

Gregory Greaves

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)