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OCT 23 2012

EXAMINER



400241041314

10/22/12--01027--022 **160.00

COVER LETTER

	TO: Registration Section Division of Corporations	
	Avolon Hydronower II.C	
•	SUBJECT: Avalon Hydropower, LLC 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:	
	Dean Edwards	
	Name of Person	
	Avalon Hydropower, LLC	
	Firm/Company	
	5400 Downing Street	
	Address	
	Dover, Florida 33527	
	City/State and Zip Code	
	deannedwards1@gmail.com	
	E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Dean Edwards at (813) 659-3014	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	dropower, LL Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	*
ARTICLE II - A			
The mailing add	ress and street addres	ss of the principal office of the Limited Liab	oility Company is:
Principal Office	Address:	Mailing Address:	
5400 Downing Street Dover, Florida 33527		5400 Downing Street	
		Dover, Florida 33527	
(The Limited Liability	Company cannot serve as i	Registered Office, & Registered Agent's Sits own Registered Agent. You must designate an individu	ual or another
(The Limited Liability business entity with a	Company cannot serve as in active Florida registration e Florida street address	Registered Office, & Registered Agent's States own Registered Agent. You must designate an individual.) ess of the registered agent are:	ual or another
(The Limited Liability business entity with a	Company cannot serve as in active Florida registration	Registered Office, & Registered Agent's States own Registered Agent. You must designate an individual.) ess of the registered agent are:	12 OCT 22
(The Limited Liability business entity with a	Company cannot serve as in active Florida registration e Florida street address	Registered Office, & Registered Agent's State to the state own Registered Agent. You must designate an individual.) ess of the registered agent are: Name	12 OCT 22 PI
(The Limited Liability business entity with a	Company cannot serve as in active Florida registration e Florida street address Dean Edwards 5400 Down	Registered Office, & Registered Agent's State to the state own Registered Agent. You must designate an individual.) ess of the registered agent are: Name	12 OCT 22 PI
(The Limited Liability business entity with a	Company cannot serve as in active Florida registration e Florida street address Dean Edwards 5400 Down	Registered Office, & Registered Agent's Stits own Registered Agent. You must designate an individual.) ess of the registered agent are: Name Name	12 OCT 22 PM SECRETARY OF

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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

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

"MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGR		Dean Edwards
		5400 Downing Street
		Dover, Florida 33527
	<u>. </u>	
		
(Use attachmen	nt if necessary)	
LE V: Effective frective date is leading after the	listed, the date must l	e date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRED S	IGNATURE:	

(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.)

Dean Edwards

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)