

12/31/2030 05:30

33 P. 1/003

Florida Department of State
Division of Corporations
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Division of Corporations
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GOVEN NATURAL GAS HOLDING, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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FEB 19 2013

G. McLEOD

H1300003819T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOVEN Natural Gas Holdings, 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 of the Limited Liability Company is:

Principal Office Address:8550 W. Flagler StreetSuite 121Miami FL 33144Mailing Address:8550 W. Flagler StreetSuite 121Miami FL 33144

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lisette Rivera

Name

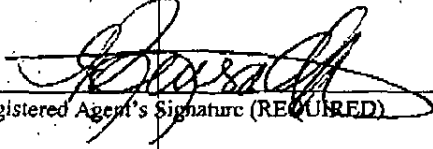
718 NW 132 CourtFlorida street address (P.O. Box **NOT** acceptable)Miami FL 33182

FL

City, State, and Zip

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CLERK OF DISTRICT COURT
MILWAUKEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

Lisette Rivera

718 NW 132 Court

Miami FL 33182

MGRM

Ramon Gonzalez

736 NW 129 Place

Miami FL 33182

MGRM

Ramon E. Gonzalez

970 NW 132 Avenue W

Miami FL 33182

MEMBER

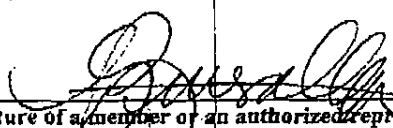
Carlos Rionda

10310 SW 19 Street

Miami FL 33165

(See attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 §817.155, F.S.)

Lisette Rivera

Typed or printed name of signer

Filing Fees:

- \$115.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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