

L130000 27764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

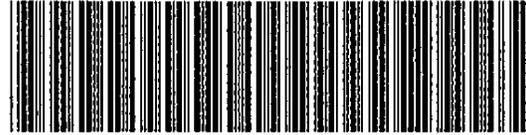
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

13 FEB 21 PM 12:40

FILED

B. BOSTICK
FEB 22 2013
EXAMINER

DAVID S. WILLIG, CHARTERED

Attorney at Law
and Florida Civil-Law Notary

2837 SW 3rd Avenue
Miami, FL 33129

Tel. (305) 860-1881
Fax (305) 860-1882.

February 19, 2013

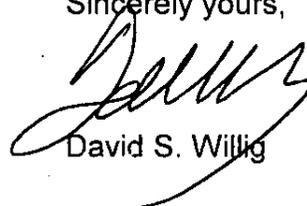
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re : Swantegy (USA), LLC

Please find enclosed an original and one copy of Articles of Organization for the above named Limited Liability Company, along with a check in the amount of \$125.00 to cover the filing fee.

After filing, please return a date-stamped copy of the Articles in the enclosed stamped, self-addressed envelope. Thank you for your attention to this matter.

Sincerely yours,



David S. Willig

enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

SWANTEGY (USA), LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

SWANTEGY (USA), LLC

ARTICLE II – Address:

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

Principal Office Address:

1077 Fairfax Circle West
Boynton Beach, FL 33436

Mailing Address:

1077 Fairfax Circle West
Boynton Beach, FL 33436

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

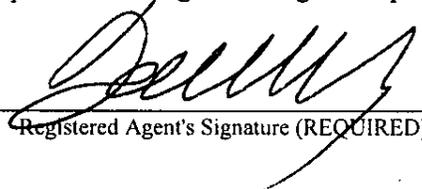
The name and the Florida street address of the registered agent are:

David S. Willig
Name

2837 SW 3rd AVE
Florida street address

Miami, FL 33129
City, State, and Zip

Having been named as registered agent and to accept service of process for the above state 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)

ARTICLE V-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

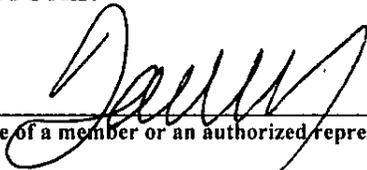
Name and Address:

MGRM

Eric Rozenberg
1077 Fairfax Circle West
Boynton Beach, FL 33436

ARTICLE V: Effective date. If other than the date of filing: __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.)

DAVID S. WILLIG, authorized rep. of E. ROZENBERG

Typed or printed name of signee

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FALLAHOUSE, FLORIDA