L1300032491

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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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03/01/13--01008--003 **125.00

2013 MAR -1 AN IO: 43
SECRETARY OF STATE

50) 245-6051.			
	COVE	R LETTER	9.7
TO: Registration S Division of Co		₩ **	
SRA	Renewables		
SUBJECT:		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
Andrew	/ Rasken		
		Name of Person	
		Firm/Company	
10661	N Kendall Driv	/e	
		Address	
Miami	FL 33176		
<u> </u>		y/State and Zip Code	-
andrewra	sken@gmail.com		
		for future annual report notification)	
For further information	concerning this matter, please	call:	
Andrew Ra	asken	305 790-50	59
Name	of Person	Area Code & Daytime Telep	hone Number
Fundament in a short of			
	or the following amount:	Dhiston Will D. A. D.	
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations	
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me: imited Liability Company	ie:			
The name of the E	innica Elabiniy Company	15.			
SRA Renewables, LLC					
(M	ust end with the words "Limited L	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ac The mailing addre		principal office of the Limited Liabi	ility Compan	y is:	
Principal Office /	Address:	Mailing Address:			
10661 N Kendall Drive		15 Baxter Lane			
Miami, FL 33176		West Orange, NJ 07052			
The Limited Liability C business entity with an		red Office, & Registered Agent's Sagistered Agent. You must designate an individual ne registered agent are:		2013 HAR	<u> </u>
	Andrew Rasken Na				
	ina.	me		A	
	10661 N Kendall Drive		SA	\Box	
		address (P.O. Box NOT acceptable)	S.F.	43	
	Miami, FL 33176	<u>FL</u>			
	City	, State, and Zip			
liability compa registered agent all statutes relai	my at the place designated and agree to act in this cap ting to the proper and comp	to accept service of process for the abin this certificate, I hereby accept the coacity. I further agree to comply with plete performance of my duties, and I do registered agent as provided for in C	appointment the provision am familiar v	as ns of vith	•

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
IDAODAM AA ' AA I	
"MGRM" = Managing Memb	er
MGRM	Andrew Rasken
	15 Baxter Lane
	West Orange, NJ 07052
MGRM	Sara Rasken
	15 Baxter Lane
	West Orange, NJ 07052
	
	····
to or 90 days after the date of f	
to or 90 days after the date of f	
to or 90 days after the date of f	
to or 90 days after the date of f	
to or 90 days after the date of f REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation of a management of a man	iling.)
REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation of a constitutes at the constitutes at th	a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true; see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
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Page 2 of 2