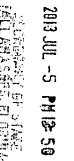
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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# **COVER LETTER**

10:	Division of Co			
	TENAG	SAS LLC		
SUBJI	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	MARIA ROM	MINA MOYANO		
			Name of Person	ZOIB JUL -5
			Firm/Company	171
	1001 91ST	#702		7 3 <b>3</b> 9 <b>3</b> 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
			Address	50
	BAY HARBO	OR ISLANDS , FL, 331	54	3.5 <b>43</b>
	REALTYRXI	Cit R@GMAIL.COM	y/State and Zip Code	
•		E-mail address: (to be used l	or future annual report notification	on)
For fur	ther information	concerning this matter, please	call:	
MAR	IA ROMINA	MOYANO	305 244-84	
	Name	of Person	_ at () Area Code & Daytime	Telephone Number
Enclos	sed is a check f	or the following amount:		
□\$125.00 Filing Fee		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Tl	$\mathbf{C}$	LE	I	- ľ	٧a	me	:
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The name of the Limited Liability Company is:

#### **TENAGAS 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:	<b>Mailing Address:</b>	
1001 91ST #702 BAY HARBOR ISLANDS, FL	1001 91ST #702 BAY HARBOR ISLAN	
33154	33154	भूड़ि ज
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Ag	ent's Signature:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an	individual or another

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

GUSTAVO ERNESTO BASCARY
Name
1001 91ST #702
Florida street address (P.O. Box NOT acceptable)
BAY HARBOR ISLANDS, FL, 33154

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)

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:

	Title: "MGR" = Manager		Name and Address:			
	"MGRM" = Managi	ng Member				
	MGR		GUSTAVO ERNESTO BASCAR	Y		
			1001 91ST #702, BAY HARBOR		_	
			ISLANDS, FL , 33154		_	
	MGRM		ALICIA VIVIANA MOLINELLI			
			1001 91ST #702, BAY HARBOR			
			ISLANDS, FL, 33154		2013	
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	(Use attachment if n	ecessary)				
	•	• •	WWX 4			
ARTIC	LE V: Effective date	e, if other than the date	e of filing: JULY 1,2013	(OPTI	ONAL	.)
•			specific and cannot be more than	five bu	ısiness	days
prior to	or 90 days after the	date of filing.)	7			
		1				
	<u>REQUIRED</u> SIGN	ATURE: \ \ \)				
		197	V			
	<u></u>	<u> </u>	an authorized representative of a member	_		
	Sil	gnature of a member or	an authorized representative of a member	•		
	(In accorda	nce with section 608.408(	(3), Florida Statutes, the execution of this doc	cument		
	constitutes Lam aware	an affirmation under the p	penalties of perjury that the facts stated hereing submitted in a document to the Department	n are true of State	€.	
	constitutes	a third degree felony as p	rovided for in s.817.155, F.S.)	J. Jimie		
	(	<b>SUSTAVO ERNEST</b>	O BASCARY			

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)

Typed or printed name of signee