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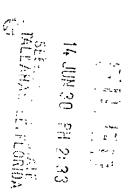
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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: <u>Gulf Coast Solar Center I, LLC</u> Name of Li	mited Liability Company	
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please re	turn all correspondence concerning this n	natter to the following:	
	Nelson Teaque	Name of Person	
	HelioSage, LLC	Firm/Company	
	117 4th Street, S.E Suite B	Address	
	Charlottesville, VA 22902	City/State and Zip Code	·
ntea	que@heliosage.com É-mail address: (to be use	d for future annual report notifica	ttion)
For furthe	er information concerning this matter, ple	ase call:	
<u>Neison</u>	Name of Person	434 ) <u>321-4397</u> Area Code Daytime Tel	ephone Number
Enclosed	is a check for the following amount: Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MA	ICHAOI ORGANIZATION FORT	Old Mark Comment
ARTICLE ! - Name: The name of the Limite	ed Liability Company is:	
Gulf Coast Solar Ce (I	nter I, LLC Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address an		ice of the Limited Liability Company is:
Principal Office Addr	css;	Mailing Address:
c/o HelloSage, LLC 117 4th Street, S.E. Charlottesville, VA 2	- Suite B	cio HelioSage, LLC 117 4th Street, S.E Suite B Charlottesville, VA 22902
The Limited Liability another business entity	with an active Florida registration.	egistered Agent. You must designate an individual or )
The name and the Flori	da street address of the registered a	gent are:
	Corporation Service Company Name	
	1201 Hays Street Florida street address (P.O. Box 1	NOT acceptable)
	Tallahassee	FL 32301
	City	Zip
the place designated capacity. I further ag	l in this certificate, I hereby accept t ree to comply with the provisions of m familiar with and accept the oblig	ice of process for the above stated limited liability company the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance tations of my position as registered agent as provided for in the 605, F.S

Karin L. Dunn, Assistant VP (CONTINUED)

Page 1 of 2

The name and address				
Title: "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager MGR		Nolcon Topquo		
WGII	•	Nelson Teague 117 4th Street, S.E Suite B	<del></del>	
		Charlottesville, VA 22902		
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