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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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FLORIDA LIMITED LIABILITY CO. ELECGREEN, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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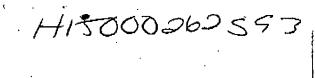
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COVERLETTER

	Registration Section Division of Corporations	
SUBJEC	ELECGREEN, LLC.	•
SUDJEA		mited Liability Company
The encid	osed Articles of Organization and fee(s) ar	re submitted for filing.
Please re	turn all correspondence concerning this ma	atter to the following:
	CARLOS M. URIBE	
		Name of Person
	ELECGREEN, LLC.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	104 Crandon Blvd. Suite 313	
		Address
	Key Biscayne, FL 33149	
	· C	Sity/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further	information concerning this matter, please	e calt:
	st (
		rea Code Daytims Telephone Number
Enclosed	is a check for the following amount:	
	Filing For \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee \$ Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabases FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICI		

The name of the Limited Liability Company is:

ELECGREEN, 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:

Mailing Address:

104 Crundon Blvd. Suite 313, Key Biscayne FL 3: 38 149

104 Crandon Blvd. Suite 313, Key Biscayne FL. B3149

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility 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:

CARLOS GARCIA, ESQ.

Name

500 S. DIXIE HWY, SUITE 202

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES,

FI.

33149

City

State

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 605, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title; "AMBR" = Authorized Memb	Name and Address: er
"MGR" = Manager	
MGR	CARLOS M. URIBE
	104 Crandon Blvd. Suite 313
	Key Biscayne, FL 33149
	1
<u> </u>	
	•
EV: Effective date, if other the ctive date is listed, the date of filling.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 96
ctive date is listed, the date m f filing.)	ust be specific and cannot be more than five business days prior to or 98 does not meet the applicable statutory filing requirements, this date will not partment of State's records.
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EV: Effective date, if other the citive date is listed, the date is filling.) the date inserted in this block enent's effective date on the De EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware tha	ust be specific and cannot be more than five business days prior to or 98 does not meet the applicable statutory filing requirements, this date will not partment of State's records.
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