L15000213214

(Re	questor's Name)	. ,
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300279400603

12/17/15--01029--001 **125.00

12-11-15

2015 DEC 17 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLERIE

DEC 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Energy Saxing: Name of Limited La	s Store LLC billity Company
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
Sandra G.	Spann
Name	of Person
Firm	Company
4181 Iona 9	St.
11 ~	ducess
Titus ville	FL 30796
City/State Sandy Spann E-mail address: (to be used for future	and Zip Code Drevard Solar, COM re annual report notification)
For further information concerning this matter, please call:	
Sandra Syann at (321) Name of Person Area Code	739-0207 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	\$160.00 Filing Fee, tified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	, A
ARTICLE I - Name:	10/5p.
The name of the Limited Liability Company is:	The Contract of the Contract o
The Energy Savings Store LLC	All Page
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	0,

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

Principal Office Address:	Mailing Address:	EFFECTIVE DATE
4181 Iona St.	4181 Jona St.	12-11-15
THUSVILLE FL 32796	THUSVILLE FL	<u> </u>
	<u> </u>	

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

(The Limited Liability 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:

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

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Sada Sama
AMISK	4181 Fora S.
0 0 7	THUSVILLE FI 30796
MGK	James Sann
	THUSDILLE FL 32796
	
••••••••••••••••••••••••••••••••••••••	
llan attachment : Correct	
V: Effective date, if other than tive date is listed, the date mu	the date of filing: 12/11/15 (OPTIONAL) st be specific and cannot be more than five business days prior to or 9
filing.)	st be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than etive date is listed, the date mu filing.) he date inserted in this block doent's effective date on the Department of the D	st be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mu filing.) the date inserted in this block doent's effective date on the Department of the D	set be specific and cannot be more than five business days prior to or specific and cannot be more than five business days pri
V: Effective date, if other than tive date is listed, the date mutifiling.) the date inserted in this block doent's effective date on the Dept. VI: Other provisions, if any. Signature This document is a may aware that	ses not meet the applicable statutory filing requirements, this date will neartment of State's records. of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State'd degree felony as provided for in s.817.155, F.S.
V: Effective date, if other than tive date is listed, the date mutifiling.) the date inserted in this block doent's effective date on the Dept. VI: Other provisions, if any. Signature This document is a may aware that	pes not meet the applicable statutory filing requirements, this date will neartment of State's records. The state of a member or an authorized representative of a member. The state is executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)