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FILED 16 MAR -4 PM 3:55 SECRETARY OF CIATE TALLAHASSEE, FLORDA

MAR 0 4 2016 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

044599 103854A Kenar COST LIMIT : \$

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AUTHORIZATION :

ORDER DATE : March 4, 2016

ORDER TIME : 1:09 PM

ORDER NO. : 044599-005

CUSTOMER NO: 103854A

DOMESTIC FILING

STERLING COMPRESSED GAS II, NAME : LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

Sterling Compressed Gas II, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Gentry

Name of Person

Sterling Compressed Gas II, LLC

Firm/Company

1740 Gulf Shore Boulevard

Address

Naples, FL 34102

City/State and Zip Code

bgentry1011@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Gentry	610 at (698-0123
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount	unt:	
\$125.00 Filing Fee \$130.00 Filing Certificate of S	Status LCerti	5.00 Filing Fee & \$160.00 Filing Fee, fied Copy onal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section		Street Address New Filing Section
Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sterling Compressed Gas II, 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:
1511 Galleon Drive	1740 Gulf Shore Boulevard
Naples, FL 34102	Naples, FL 34102
· ·	

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:

Bryan Gentry		
	Name	
1740 Gulf Shore Bo	ulevard	
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
Naples	FL	34102
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 (DEQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- The name and address of each person aut	horized to manage and control the Limited Liability Company:
<u>1'itle:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR & AMBR	Biyan Gentry

Biyan Gentry	
1511 Galleon Drive	
Naples, FL 34102	
John Phillips	
661 Bridgeway Lanc	
Naples, FL 34108	
Brent Campbell	
19 Copperfield Road	

Bentonville. AR 72712

(Use attachment if necessary)

AMBR

AMBR

• ~

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (of an effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after the date of filing.) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional) Page 2 of 2		- <u></u>		
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