Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000100035 3)))



H160001000353ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone

: (305)444-4994

Fax Number

Email Address:

: (305)444-4977

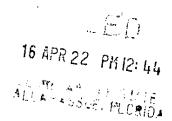
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. SOLUZ USA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

APR 25 2016)

S. GILBERT



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Soluz USA LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/D 8500 West Flagler St. Ste B208 Misml. FL 33144	C/O 8500 West Flaglar St. Ste B208 Mlami, FL 33144
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Function business entity with an active Florida registration	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	sgent are;
Bernardo C. Tacoronte CPA Name	······································
C/O 8500 West Flagler St. Sie Florida street address (P.O. Box	
Miami	FL 33144
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obt	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in or 605, F.S.
Registered Agent's Signal	ure (REQUIRED)
(CONTINU	ED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Soluz Energia Solar, S.A.P.I. de C.V.
	C/O 8500 West Flagler St. Ste B208
	Miami, FL 33144
MGR	Redrigo Montamayor C/O 8500 West Flagler St. Ste 5/208
	C/O 8500 West Flagler St. Ste B208
	Miami, F)_ 33144
(Use attachment if necessary)	
of filing.) E. Viz Other provisions, if any.	e date of filings
EV: Effective date, if other than the strive date is listed, the date must of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	
E V: Effective date, if other than the stive date is listed, the date mus of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	f a number or an anthorized representative of a member.
E V: Effective date, if other than the stive date is fisted, the date musual filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature: (In accordance with acc	I a member or an authorized representative of a member.
E V: Effective date, if other than the stive date is fisted, the date mus of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature: (In accordance with accordance with accordance with accordance an affirmatic	f a number or an anthorized representative of a member.