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(((H160001839323)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

: VCORP SERVICES, LLC Account Name

Account Number : I20080000067

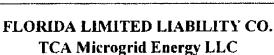
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Fax Number

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T. SCOTT

8/1/2016

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COMPANY

ARTICLE [ - Name:

The name of the Limited Liability Company is:

TCA Microgrid Energy 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:

19950 West Country Club Drive, Suite 101

Aventura, FL 33180

19950 West Country Club Drive, Suite 101

Aventura, FL 33180

Aventura, FL 33180

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:

Vcorp Services, LLC

Name

5011 South State Road 7, Suite 106

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

Davie

Florida

33314

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..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

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TO ALIC - I AM A: OR

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Michael Fasci
MOR	19950 West Country Club Drive, Suite 101
	Aventura, FL 33180
MCD	Alyce Schreiber
MGR	19950 West Country Club Drive, Suite 101
,	Aventura, FL 33180
EV: Effective date, if other than the daterive date is listed, the date must be sof filing.)	ite of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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EV: Effective date, if other than the date citive date is listed, the date must be sof filing.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a in This document is exectly an aware that any factors it it is a surface of the constitutes a third degree of the constitutes a third degree of the constitutes a third degree of the constitutes at the cons	meet the applicable statutory filing requirements, this date will not of State's records.  member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

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