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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

New Filing Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: / | ENERGY AIR CA | PLCULATIONS + TESTING, LLC Limited Liability Company |
|--------------------|--|---|
| | Name of | .imited Liability Company |
| The enclosed Ar | ticles of Organization and fee(s) | are submitted for filing. |
| Please return all | correspondence concerning this | matter to the following: |
| | JOE K. M | OORE |
| | | Name of Person |
| | JOE K. MOORE, | ATTORNEY AT LAW |
| | / | Firm/Company |
| | ONE SAN JOSE ! | PLACE, SUITE 29 D Address |
| | | Address |
| | JACKSONVILLE, | FL 32257 |
| | JACKSONVILLE, MISTERAIRGH2270 | City/State and Zip Code |
| | | sed for future annual report notification) |
| For further inform | nation concerning this matter, ple | rase call: |
| | JOE STEFIE . | 904, 200-0605 |
| | Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a ch | eck for the following amount: | |
| \$125,00 Filing | | S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section | Street Address New Filing Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| À. | DΊ | 11 | ٠, | F | I - Name | |
|----|----|----|----|------|---------------|--|
| | ж | | | . F. | 1 - 13 4 1111 | |

The name of the Limited Liability Company is:

ENERGY AIR CALCULATIONS & TESTING, LLC
(Must contain 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:

2320 EMERSON ST. JACKSONVILLE, FL 32207

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:

_____JoE STEPLE
Name

2320 EMERS ON ST.

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

JACKSONVILLE FL 32267
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 emplete performance of my duties, and I am familiar with and accept the obligations of my position as previous as provided for in Chapter 605. F.S.

Signature (REQUIRED)

(CONTINUED)

| 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 an talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jof 5 TEELF Typed or printed name of Signee Filing Fers: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | Title: | Name and Address: |
|--|--|---|
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise unent's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a plember or all authorized representative of a member. This document is executed in a produce with section 605.0203 (1) (b). Florida Statutes, I am aware that any fails information submitted in a document to the Department of State constitutes, third degree felony as provided for in S.817.153, F.S. JOE STELLE Typed or printed name of signee Effing Fees. S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | iber |
| (Use attachment if necessary) T.E.V: Effective date, if other than the date of filing: | M G R | JOE STEELE |
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