Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

E.E.G. SOLAR LLC

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR

ARTICI The ham	LEI-Name:	
"L.L.C " or ".	te of the Limited Liability Company is: (Must end with the words Limited Liability Company	٠.
	E.E.G Solde 11c	
ARTICI	EII - Address:	•
The mail	ing address and street address of the principal office and	·
· · · · · · · ·	15956 SW BIST	
•	Milui & 33103	
ARTICI	E ITY Part A	
Company or	E III - Registered Agent, Registered Office: ne and the Florida street address of the registered agent are: (The Limited Liabiliannot serve as its own Registered Agent. You must designate an individual or another business en live Florida registration.)	ity táy :
	Enlie L Digz	
	15956 SW 8157	
	Miami FL 33193	
ARTICE The name Liability	E IV- e and title of each person authorized to manage and control the Limited Company:	
	- Emiliant Diaz (AMBR)	
·	TORIDA	TO MAY IT AM 10: 41

3052201440

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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

Registered Agent's Signature (REQUIRED)