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SECRETARY OF JIAN

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COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT:	Three Brother	imited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
-	Fanez J.	Joseph Name of Person
-	Three Brol	hers sola energy 11c
<u>-</u>	5705 Legal	ay Crosant PL, apt 202
- -		City/State and Zip Code TBSE Q Gran Com ed for future annual report notification)
For further inf	formation concerning this matter, plea	ase call:
-	Fanez J Josephai (Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
\$125.00 Fili	ng Fee \$\int \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Ā	R	ľ	CI	LE	[-	N	am	e	:
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The name of the Limited Liability Company is:

Three Brothers Solar energy 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:
5705 Legacy	5705 Legacy (research A)
Crescent Platos	
RIVERVIEW AZZEZO	Kiveriten Home
7273375	1 - 30 - 18°

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:

Fanez J- Joseph

Name

5705 Legacy Oresant PL. Apht 202

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

121 Ver VIEW FL 335 78

City State Zin

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 (REOUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Mer "MGR" = Manager	Fanez J. Joseph 5705 Legacy Cresont
	1210er1) e 40 P2 (333-) 674 Tor
(Use attachment if necessary	
the date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after c does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
REOUIRED SIGNATURE	
This docum I am aware t	ure of a member or an authorized representative of a member. Int is executed in accordance with section 605.0203 (1) (b), Florida Statutes, and any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
\$125.00 Filing Fee for Ar \$ 30.00 Certified Copy (6 \$ 5.00 Certificate of Sta	Filing Fees: icles of Organization and Designation of Registered Agent Optional)

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-