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SELRE LARY OF STATE

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	Dunn Solar, L.L.C.		
уоваг		nited Liability Company	
The en	nclosed Articles of Organization and fee(s) a	e submitted for filing.	
Please	return all correspondence concerning this m	tter to the following:	
	D. Howard Stitzel III, Esq.		
		Name of Person	
	Stitzel Law,L.L.C.		
		Firm/Company	
	4343 Lynx Paw Tr.		
		Address	
	Valrico, FL 33596		
	howardstitzel@yahoo.com	ity/State and Zip Code	
	E-mail address: (to be use	for future annual report r	notification)
For furth	her information concerning this matter, plea-	call:	
	Howard Stitzel 8	643-8000	
			elephone Number
Enclos	sed is a check for the following amount:		
]\$125.0	00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Addre New Filing So Division of C Clifton Build	ection orporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	pility Company is:		
Dunn Solar, L.I.	C.		
	ontain the words "Limited Lia	bility Company,	"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street	et address of the principal offic	ee of the Limited	l Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
3703 Turkey Oa	ık Dr.	370	3 Turkey Oak Dr.
Valrico, FL 3359	06	- 	CL 2250C
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office. &	Registered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office. & I	Registered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office. & I any cannot serve as its own Re an active Florida registration.) eet address of the registered ag D. Howard Stitzel III, E	Registered Agent. gent are:	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office. & I any cannot serve as its own Re an active Florida registration.) eet address of the registered ag D. Howard Stitzel III, E	Registered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office. & I any cannot serve as its own Re an active Florida registration.) eet address of the registered ag D. Howard Stitzel III, E	Registered Agent. gent are:	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office. & I any cannot serve as its own Re an active Florida registration.) eet address of the registered ag D. Howard Stitzel III, E	Registered Agent. egistered Agent. ent are: Esq.	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) eet address of the registered ag D. Howard Stitzel III, E	Registered Agent. egistered Agent. ent are: Esq.	nt's Signature: You must designate an individual or

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 (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Author	rized Member	
"MGR" = Manager	r	
AMBR		James Eric Dunn
		3703 Turkey Oak Dr. Valrico, FL 33596
		Valinco, FL 33590
		
		
(Use attachment if	necessary)	
10 N 1 1200 J 1 1 1	te a a a a a a	filing: (OPTIONAL)
of filing.) The date inserted in	n this block does not mee	fic and cannot be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not be
of filing.) `the date inserted in ment's effective da	n this block does not mee ite on the Department of S	et the applicable statutory filing requirements, this date will not b
of filing.) The date inserted in ment's effective date. E VI: Other provision. REQUIRED SIG	n this block does not mee te on the Department of S tions, if any. NATURE: Signature of a members	State's records. Light Figure 1. State applicable statutory filing requirements, this date will not be state a records.
of filing.) The date inserted in ment's effective da E VI: Other provisi REQUIRED SIG	n this block does not mee te on the Department of S ions, if any. NATURE: Signature of a membris document is executed am aware that any false in	et the applicable statutory filing requirements, this date will not be State's records.
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