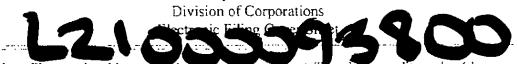
Florida Department of State



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(((H21000088802 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AIA REGISTERED AGENT INC.

The management of the control of the

Account Number : I20090000032 Phone : (561)792-2236 : (561)202-8082

\*\*Enter the small 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. SOLAR RESEARCH TECHNOLOGIES, LLC

Certificate of Status	0
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Page Count	03
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H21000088802 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SOLAR RESEARCH TECHNOLOGIES, LLC	
(Must contain the words "Limited Liabili	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office of the principal office Address:	f the Limited Liability Company is:  Mailing Address:
279 WHITE IBIS LANE	279 WHITE IBIS LANE
WINTER HAVEN, FL 33884	WINTER HAVEN, FL 33884
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	gistered Agent's Signature: tered Agent. You must designate an individual or

A1A REGISTERED AGENT INC.

Name

5647 110TH AVENUE NORTH

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

ROYAL PALM BEACH FL 33411

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.

Tena Maki
Registereg Agent's Signature (REQUIRED)

(CONTINUED)

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AMBR  RICHARD L PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  AMBR  VERNETTA PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884   WINTER HAVEN, FL 33884  Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.	Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  Winter HAVEN, FL 33884  Winter HAVEN, FL 33884  Winter HAVEN, FL 33884  (OPTIONAL)  etive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.V.: Other provisions, if any.  REOURED SIGNATURE:  RECHARD L PROUD  Typed or printed name of signee  Eiling Fees;	### ABR ### ARICHARD L PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  ### BR ### VERNETTA PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  ### WINTER HAVEN, FL 33884  ### BR ### VERNETTA PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  ### WINTER HAVEN, FL 33884  ### BR	GR" = Manager	Name and Address:	
AMBR  RICHARD L PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  AMBR  VERNETTA PROUD 279 WHITE IBIS LANE WINTER HAVEN, FL 33884  WINTER HAVEN, FL 33884  WINTER HAVEN, FL 33884  (OPTIONAL) cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ffling. the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  REOUIRED 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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.  RICHARD L PROUD	AMBR  RICHARD L PROUD  279 WHITE IBIS LANE  WINTER HAVEN, FL 33884  AMBR  VERNETTA PROUD  279 WHITE IBIS LANE  WINTER HAVEN, FL 33884  VERNETTA PROUD  279 WHITE IBIS LANE  WINTER HAVEN, FL 33884  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds ffling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nearl's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOURED SIGNATURE:  REQUIRED 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 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.  RICHARD L PROUD  Typed or printed name of signee	attachment if necessary)  Effective date, if other than the date of filing:	-		
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