L21000143825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-J? WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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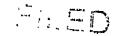
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/06/2021					**WALK IN**
ENTITY NAME GCS EN	NERGY LLC				
					
DOCUMENT NUMBER_			<u> </u>	4 7 a.	
	PLEASE FILE TA	HE ATTACHED	AND RETURI	V	
xxxx	Plain Copy				SV MEDI
	Certified Copy				
	Certificate of Status				
	Certified Copy of Art Certificate of Good St				. :
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COUNTRY OF DESTINAT					
NUMBER OF CERTIFICA	I ES REQUESTED				<u></u>
TOTAL OWED \$125.00)			120160000072	
Please call Tina at ti	he above number for	any issues			much!



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

2021 APR -6 AM 9: 17

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The name of the Limited Liability Company is:

SECRETALLY OF STATE
TALLAHASSEE, FL

MMC	~	1 1	\sim
L.C.S.	Energy	1.1.	

(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:

1101 E. Cumberland Ave., Suite 201H-219	1101 E. Cumberland Ave., Suite 201H-219
Tampa, FL 33602	Tampa, FL 33602

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:

MyCompanyWorks.	Inc.	
	Name	
625 E. Twiggs St., S	ite. 1000	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL	33602
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..

Man Matthew Knee, President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:	
"MGR" = Man MGR		Boris A. Maslov 1101 E. Cumberland Ave., Suite 201H-219 Tampa, FL 33602	
			2021 APR -6 SECKETANO
			AK 9: 17
(Use attachmer	nt if necessary)		
(If an effective date is list the date of filing.) <u>Note:</u> If the date inserte	sted, the date must be specific an	: (OPTIONAL department of the control of th	to or 90 days after
ARTICLE VI: Other pro	wisions, if any.		
REQUIRED S	SIGNATURE:	7-20	
	This document is executed in ac I am aware that any false informs	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Sation submitted in a document to the Department as provided for in s.817.155, F.S.	Statutes of State
	Ed Tsujl, Authorized Rep		
	Typed	or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-