Division of Corporations Electronic Filing Cover Sheet

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| | Account Name : LAZARU Account Number : I20000 | S CORPORATE FILING SERVICE, I | AM 10: 21 |
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FLORIDA LIMITED LIABILITY CO. POWER 305 LLC

annual report mailings. Enter only one email address please.**

| Certificate of Status | 1 |
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Email Address:_

| ARTICLES OF ORGANIZATION | - 2021 TĂLL |
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| FOR FLORIDA LIMITED LIABILITY COMPANY | 部と |
| ARTICLE I - Name: The name of the Limited Liability Company is: | 1-2 AMIO: |
| Power 305 LLC | 10: 20 FORIO 4 |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia Company is: | bility |
| 670 CHRISTINA Drive ROYAL POLICE | BEACH |
| FLOQUIDA 33414-2206 APTO # 207 | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liai Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | bility |
| EFRAIN AMALPO SALAZAR | |
| 670 CHRISTINA DRIVE ROYAL PALM FLORIDA 33414-2206 | BEACH |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | |
| SALAZAR, EFRAIN AMALPO (AMBR) |) |
| SALAZAR, EFRAIN AMALPO (AMBR) ABOUHASSAN MECHARRAFIEH, YHAMAL 29 | 'ad (AMBR) |
| | |
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Required Signatures:

member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Stanutes, 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.

Typed or printed name of signee

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..

stered Agent's Signature (REQUIRED)