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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## FLORIDA LIMITED LIABILITY CO. MICROGRID DESIGN AND ENGINEERING SERVICES, LLO

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## ARTICI ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

## MICROGRID DESIGN AND ENGINEERING SERVICES, 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:

<u>Principal</u>	Office Address:	Mailing Address:	
251 S. Hillside S	St.	251 S. Hillside St.	
Wichita, KS 672	211	Wichita, KS 67211	
ARTICLE III - Registered Agent	, Registered Office, & R	egistered Agent's Signature:	
	mnot serve as its own Reg ive Florida registration.)	istered Agent. You must designate an individual or	
(The Limited Liability Company on another business entity with an acti The name and the Florida street add	mnot serve as its own Reg ive Florida registration.)	istered Agent. You must designate an individual or	
(The Limited Liability Company on another business entity with an acti The name and the Florida street add	nnot serve as its own Regive Florida registration.)	istered Agent. You must designate an individual or int are: Services, Inc.	 GALLAH

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

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

Tallahassee FL 32301

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Geneva Harrison, on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H22000116672

Title: "AMBR" = Authorized N	Name and Address: fember	
"MGR" = Manager MGR	Courtney Rogers 29 E Stonebridge Cir Wichita, KS 67230	
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		22
(Use attachment if necess		AR (
CLE V: Effective date, if oth effective date is listed, the di- te of filling.) If the date inserted in this b	or than the date of filing:	er _
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CLE V: Effective date, if oth effective date is listed, the dite of filling.)  If the date inserted in this bocument's effective date on the CLE VI: Other provisions, if a	or than the date of filing:	.e. .e. .e.
CLE V: Effective date, if oth effective date is listed, the di- te of filling.) If the date inserted in this bo- cument's effective date on the	or than the date of filing:  the must be specific and cannot be more than five business days prior to or 90 days after must be specific and cannot be more than five business days prior to or 90 days after look does not meet the applicable statutory filing requirements, this date will not be fisted to Department of State's records.	
CLE V: Effective date, if oth effective date is listed, the dite of filing.)  If the date inserted in this becument's effective date on the CLE VI: Other provisions, if a REQUIRED SIGNATULE SIGNATULE SIGNATULE AND ASSESSED IN SIGNATULE AND ASSESSED IN SIGNATULE SIGN	or than the date of filing:	
CLE V: Effective date, if oth effective date is listed, the date of filing.)  If the date inserted in this becoment's effective date on the CLE VI: Other provisions, it's REQUIRED SIGNATURE SIGNAT	ate must be specific and cannot be more than five business days prior to or 90 days after must be specific and cannot be more than five business days prior to or 90 days after must be specific and cannot be more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days prior to or 90 days after more than five business days after more than five business days prior to or 90 days after more than five business days after more than five business days after more than five business days	