## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email 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.

## 3S Renewables, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
3S Renewables, 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:	
Principal Office Address: Mailing Address:	
16 Weston Road 16 Weston Road	_
Westport, CT 06880 Westport, CT 06880	· -
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:	ZOZ3 JUN
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Vcorp Agent Services, Inc.	
in the second of the second	
Florida street address (P.O. Box NOT acceptable)	က္ က်
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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 abligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

gayo-coo-1\_

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page: 3 of 3

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
MGR	Scott Kurner
***************************************	16 Weston Road
	Westport, CT 06880
MBR ·	3S Trust, LLC
	Scott Kerner 7.75
	Westport, CT 06880
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