Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC Account Number : I20210000103

Phone : (786)615-3057

: (786)615-3058 Fax Number

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

Email Address: info@tapsolution.net

FLORIDA LIMITED LIABILITY CO. **TEXAS 305 ENERGY LLC**

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
TEXAS 305 ENERGY LLC	
(Must contain the words "Limited Liah	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11750 SW 18 ST APT 305	11750 SW 18 ST APT 305
MIAML FL 33175	MIAMI FL 33175

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:

HENRY ALEXAND	DER RODRIGUEZ I	LEDEZMA
	Name	-
11750 SW 18 ST AF	PT 305	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33175
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..

HENRY ROURIGUEZ LEDEZMA (Jun 4, 2024 15:08 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	AMBR	11750 SW 18 ST APT 305
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	(Use attachment if necessary)	
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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.	ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: HENRY Signature of a m This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not be to f State's records. RDPRIGUEZ LEDEZMA (Jun 4, 2024 15:08 EDT) Thember or an authorized representative of a member, used in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State