

P140000 71266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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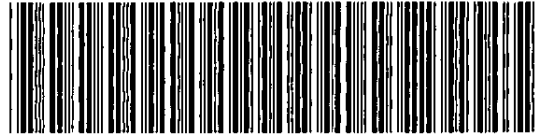
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
OFFICE OF REGISTRATIONS
2014 AUG 26 PM 4:10
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FILED
2014 AUG 26 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 272134 4337527

AUTHORIZATION :

Lyndee

COST LIMIT : \$70.00

ORDER DATE : August 26, 2014

ORDER TIME : 3:15 PM

ORDER NO. : 272134-005

CUSTOMER NO: 4337527

DOMESTIC FILING

NAME: GREEN HARBOR ENERGY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2014 AUG 26 AM 8:11

ARTICLE I NAME

The name of the corporation shall be: Green Harbor Energy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

900 Broken Sound Parkway NW, Suite 200

Boca Raton, Florida 33487

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: promote energy efficiency and such other lawful purposes
as determined by the corporation from time to time.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rudy Bonaparte, Director, President &

Address: CEO

900 Broken Sound Pkwy, Suite 200

Boca Raton, FL 33487

Name and Title: Jon Dickinson, Director, Secretary &

Address: CFO

900 Broken Sound Pkwy, Suite 200

Boca Raton, FL 33487

Name and Title: Thierry Sanglerat, Director & VP

Address: 900 Broken Sound Pkwy, Suite 200

Boca Raton, FL 33487

Name and Title: Paul MacGregor, VP

Address: 900 Broken Sound Pkwy, Suite 200

Boca Raton, FL 33487

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan S. Storper, Esq.
Address: Hanson Bridgett LLP
425 Market St., 26th Floor
San Francisco, CA 94105

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Corporation Service Company. Stephanie Milnes 8/26/14
Required Signature/Registered Agent Asst. Vice President Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Jonathan S. Storper 8/26/14
Required Signature/Incorporator Date