MIAMI, FLC City/Sta	PRPORTY INPUSTRIES, INC. Requestor's INPUNE, SUITE: 16 Address PRIDA 33174 (305)552-5973 Re/Zip Phone # ESENTATIVE TALLAHASSEE Office Use Only
	N NAME(S) & DOCUMENT NUMBER(S), (if known):
	CONPORATION proration Name) (Document #)
2(Co	rporation Name) (Document #)
3(Co	HILILITE 1 3 3 3 1 3 13 U4/04/3701036-033 operation Name) (Document #)
4.	rporation Name) (Document #) **** 122.50 **** 22.50
	rporation Name) (Document #)
Walk in /	Pick up time 2,00 Image: Certified Copy Image: Certified Copy Will wait Photocopy Image: Certificate of Status Image: Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	11 (11) (11) (11) (11) (11) (11) (11) (
NonProfit	Amendment Difference Resignation of R.A., Officer/Director Difference
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
Annual Report Fictitious Name Name Reservation	REGISTRATION OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(1/95)	Examiner's Initials

STREET



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 4, 1997

LAZARUS

MIAMI, FL

SUBJECT: S.C.CORPORATION Ref. Number: W97000007906

We have received your document for S.C.CORPORATION and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 397A00017077

RECRIVED 97 AFR 10 - KM 10: 56 DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION OF

ORNI INC.

97 APR 10 FH 3 4 The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: ORNI INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

> 1630 N.W. 22nd Ave Miami, F1 33125.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

750 SHARES - \$ 10.00 PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARGENIS GONZALEZ 1630 N.W. 22nd AVE MIAMI, F1 33125.

ARTICLE V INCORPORATION

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

ARGENIS GONZALEZ	1630 N.W.	22nd AVE	MIAMI,	FL	33125
NIDIA MARITZA GONZALEZ	1630 N.W.	22nd AVE	MIAMI,	F1	33125.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation

<u>3 day of APRIL</u>. 1997

Signature 11/100 M Goverhez

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the incorporation is :

ORNI INC.

2. The name and address of the registered agent and office is;

ARGENIS GONZALEZ

name:

address: 1630 N.W. 22nd AVE MIAMI, F1 33125.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Ary

APR 10 PH

çp

Date: APRIL 3,1997.