

Print Form

CONFIDENTIAL INFORMATION AND CORRECT COPY
APPROPRIATELY FILED AND PREPARED WITH THE
SECRETARY OF STATE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

DEC 23 2014

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Energy Captive Management, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

25 Calhoun Street, Suite 400

Street Address

Charleston

City

29401

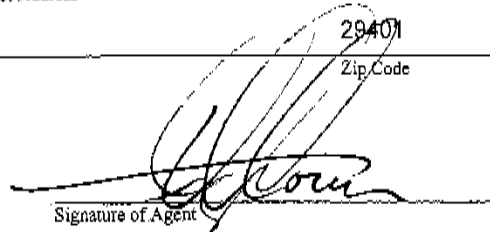
Zip Code

3. The initial agent for service of process is

T. Douglas Concannon

Name

Signature of Agent



and the street address in South Carolina for this initial agent for service of process is

25 Calhoun Street, Suite 400

Street Address

Charleston

City

29401

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) T. Douglas Concannon

Name

25 Calhoun Street, Suite 400

Street Address

Charleston, South Carolina 29401

City

State

Zip Code

- (b)

Name

Street Address

City

141223-0163

FILED: 12/23/2014

ENERGY CAPTIVE MANAGEMENT, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company Energy Captive Management, LLC

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. Not Applicable

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

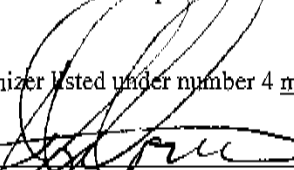
City State Zip Code

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
Effective as of January 1, 2015

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.



Signature of Organizer

22. Dec. 2014

Date

Signature of Organizer

Date