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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				
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614, 64, 4209 W16-52251				

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AUG 1 5 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2016

ALBA STEVENS 1597 THE GREENS WAY STE 101 JACKSONVILLE BEACH, FL 32250

SUBJECT: PINE GATE RENEWABLES, LLC

Ref. Number: W16000052254

We have received your document for PINE GATE RENEWABLES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young (Regulatory Specialist II

Letter Number: 316A00015760

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COVER LETTER

TO:		ation Section n of Corporation	s					
SUBJE		ne Gate Renewable	es, LLC.					
SODJE	···		Name of I	imited Liability C	Company			
			eign Limited Liability Comp I to register the above refere					
Please re	eturn all	correspondence c	oncerning this matter to the	following:				
		Alba Stevens						
			Na	ume of Person				
	Pine Gate Renewables, LLC.							
	Firm/Company						مسد (11)	FS
	1597 The Greens Way., Suite 101							
	Address						. 25	
	Jacksonville Beach, FL 32250						PH	179
	City/State and Zip Code					် ယ <i>ဟ</i>		
		astevens@pgrene	wables.com				ဘ	. <u>ن</u> مر
			E-mail address: (to be used	for future annual	report not	ification)	•	
For furt	her info	rmation concerning	g this matter, please call:					
	Alba S	tevens		904 at (834-77	79		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	•	
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301		
Enclose		neck for the follow 5.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co		:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE WITH SECTION WISHING, FLORIDA STATUTES, THE POLLOWING INSURMITTED TO REGISTER A POREIGN LIMITED LIMITED LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pine Gate Renewables.	IT'C		
(Name of Fore	ign Limited Liabelity Company; must include "Limite	d Liability Company," "L.L.C.," or "LEC,"	1
(If name unavailable, enter shi Liability Company," "L.L.C."			include "Limited
, North Carolina	3. 35-256-	4063	
(Juri sdaction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. August 1, 2016			
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to det	nor to registration.) emilie penalty liability)	
S			
			T SS
	(Street Address of Principal Office)		
6			
			No Sign
	(Mailing Address)		ير مرابع
	•	•• •	2 3
7. Name and street address	s of Florida registered agent: (P.O. Box NOL a	eceptable)	9 53
Name:	James Luster - Pine Gate Development, LLC		5 23
Office Address:	1597 The Greens Way., Suite 101	-	56 gm
	Jacksonville Beach	Florida 32250	
	Jacksonville Beach (City)	(Zipeule)	
designated in this applica to complywith the provisi	wistered agent and to accept service of process stion, I hereby accept the appointment as registe ons of all statutes relative to the proper and cou my position as registated agent.	rred agent and agree to act in this cap	ocity. I further agree
	(Registered agent's sign	ucire)	
8. The name, title or cap	scity and address of the person(s) who has have	authority to manage is/are:	
•	Hawthorne Lane., Suite 201., Charlotte, NC 28.		
James Luster, CEO - 159	7 The Greens Way., Suite 101., Jacksonville Be-	ach,FL	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in aubmitted) Signature of an authorize	thenticated by the official having custon foreign language, a translation of the official person	dy of records in the certificate under oath
This document is execute submitted in a document t	d in accordance with section 605,0203 (1) (b), Floring the Department of State constitutes a third degr	lorida Statutes, I am aware that any fals- ree felony as provided for in s.817,155,	z information F.S.
	Zoe G. Hanes		

Typed or printed name of signee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	<u></u>		
(If name unavailable, enter al Liability Company," "L.L.C,		sacting business in Florida. The alternate name mu	st include "Limited
North Carolina		35-256-4063	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. August 1, 2016			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5	,		- F.S.
·			ري است ان است
	(Street Address of Principal	Office)	
6. 1111 Hawthorn Lane.,		ome,	10L 25
			P
Charlotte, NC 28205	(Mailing Address)	<u> </u>	<u>ن</u> ج
	-		42 分析
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<u> </u>
Name:	Pine Gate Renewables, LLC.		
Office Address:	1597 The Greens Way., Suite 101	 	
	Jacksonville Beach	, Florida ³²²⁵⁰	
Registered agent's accep	(City)	(Zip code)	
designated in this applicate to complywith the provisi	ition, I hereby accept the appointment as	process for the above stated limited liability of sregistered agent and agree to act in this call and complete performance of my duties, and	pacity. I further agree
	(Registered age	nt's signature)	
8. The name, title or cap	acity and address of the person(s) who ha	s/have authority to manage is/are:	
James H. Luster, CEO - 1	597 The Greens Way., Suite 101., Jackson	onville Beach, FL 32250	
Zoe G. Hanes, VP - 1111	Hawthorne Lane., Suite 201., Charlotte,	NC 28205	
	, , , , , , , , , , , , , , , , , , , ,		
			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate submitted)	duly authenticated by the official having custo e is in a foreign language, a translation of the	ody of records in the certificate under oath
jurisdiction under the law	of which it is organized. (If the certificate submitted)	duly authenticated by the official having custon is in a foreign language, a translation of the authorized person	ody of records in the certificate under oath

James H. Luster

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

PINE GATE RENEWABLES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 12th day of May, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of July, 2016.

Elaine I. Marshall

Secretary of State

Certification# 99000226-1 Reference# 13279098-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification