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SEP 1 4 2017 Y SULKER CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 800976 8126111

AUTHORIZATION : (FMH)

COST LIMIT : \$ 125/00/

ORDER DATE: September 8, 2017

ORDER TIME : 11:37 AM

ORDER NO. : 800976-015

CUSTOMER NO: 8126111

FOREIGN FILINGS

NAME: REDAPTIVE SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

DocuSign Envelope ID: AB65A58A-819A-4ABE-BE1C-868310BE7ABD

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Redaptive Services, LL	.C .C Limited Liability Company; must include "Limited	Habita Campunu ""LLC " or "LLC")	
(Name of roleign	Emitted Flathing Company, must include Emittee	That they company, E.C.C., or they, I	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must mehide "Limited Liabil	ity Company," "L.1, C," or "L1 C.")
2. DE		3. 32-0483240	
(Jurisdiction under the law of w	high foreign lumited liability company is organized)	(FEI number	if applicable)
4. 08/20/2017			
	(Date first transacted business in Florida, if prior to t (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty liability)	
5. 340 Brannan Street, St	iite 4 0 0	6. 340 Brannan Street, Suite 40	0
(Street Address of F		(Mailing Address)	
San Francisco, CA 941	07	San Francisco, CA 94107	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301 (Zip code)	
Registered agent's accep	(City)	(Zip code)	17
	ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent)	Asst Asst	elissa Zender . Vice President
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manage is/are;	ે 🕏
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Redaptive Inc.		
	340 Brannan St Suite 400 San Francisco, CA 94107		
		<u> </u>	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
0. This document is execubmitted in a document to	uted in accordance with section 605.0203 the Department of State constitutes a thi	(1) (b), Florida Statutes, I am aware rd degree felony as provided for in s.	that any false information 817.155, F.S.
	ſ	hatt Gembrin	
	Signature	DESTRICT OFFICE	
	ма	tt Gembrin	

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REDAPTIVE SERVICES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDAPTIVE SERVICES, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

17 SEP 13 AH 2: 49

Authentication: 203186331

Date: 09-08-17