

M19000003292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

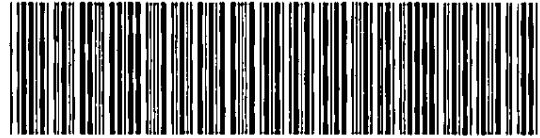
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 JUN 29 2 43 PM
TALLAHASSEE, FLORIDA

4/8/19 DS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 704064 4333320
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

FILED
2019 MAR 29 PM 11:31
TALLAHASSEE, FL

ORDER DATE : March 29, 2019
ORDER TIME : 12:58 PM
ORDER NO. : 704064-005
CUSTOMER NO: 4333320

FOREIGN FILINGS

NAME: ADP SF1, 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: Roxanne Turner -- EXT# 62969

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

April 1, 2019

CSC

SUBJECT: ADP SF1, LLC
Ref. Number: W19000032487

FILED
2019 APR 29 2 14 31
TALLAHASSEE, FLORIDA

We have received your document for ADP SF1, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name on page 2 of 2 is cut off please revise.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 119A00006383

RECEIVED
19 APR -2 4:11:08
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADP SF1, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person _____

Firm/Company _____

Address _____

City/State and Zip Code _____

E-mail address: (to be used for future annual report notification) _____

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2019 APR 29 11:31

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. ADP SF1, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17101 Preston Road, Suite 115
(Street Address of Principal Office)

6. 35 Corporate Drive, Suite 1155
(Mailing Address)

Dallas, TX 75248

Trumbull, CT 06611

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company
Doreen S. Haeselin, Asst. V.P.
(Registered agent's signature)
Doreen S. Haeselin, Asst VP

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager **Name and Address:** Name: Scott E. State
 Address: 370 7th Avenue, Suite 1803
New York, NY 10001
 Person _____
 Other _____ Other _____

Manager **Name:** Jeffrey P Adix
 Member **Address:** 370 7th Avenue, Suite 1803
 Authorized New York, NY 10001
 Person _____
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Title or Capacity:** **Name and Address:** Name: Accelerated Decommissioning Partners, LLC
 Member **Address:** 17101 Preston Road, Suite 115
 Authorized Dallas, TX 75248
 Person _____
 Other _____ Other _____

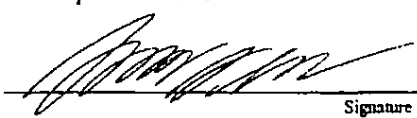
Manager **Name:** Gregory G. DiCarlo
 Member **Address:** 35 Corporate Drive, Suite 1155
 Authorized Trumbull, CT 06611
 Person _____
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



 Signature of an authorized person

Gregory G. DiCarlo

 Typed or printed name of signee

Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADP SF1, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADP SF1, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2019.

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

FILED
2019 MAR 29 10:31
DELAWARE




Jeffrey W. Bullock, Secretary of State

7346308 8300

SR# 20192396318

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202544186

Date: 03-29-19