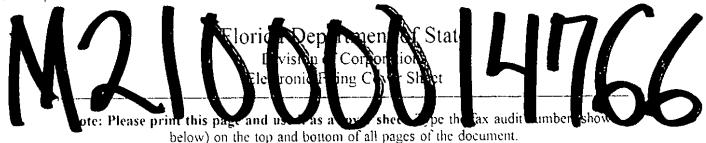
Division of Corporations



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To:

Division of Corporations

tpage: 2 of 5

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)203-0845

Enter the email address for this business entity to be used for future annual report marlings. Enter only one email address please.

Email

Address:

Foreign Limited Liability Company **ENERGYCAP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

M. SOLONYM

Electronic Filing Menu Corporate Filing Menu

Help

From: Kaity Toon

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

ume unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	da The sitemate	e name must include	"Limited Liability Company,"	L.L.C. or " L	l.C."i
DE			272222			
Durisdiction under the law of w	nich (oreign limited liability company is organized)	3	 	(EEI number, if applicable)		
	(Date first trumsered business in Florida, if prior to re-	ristration)				
	(266 Methods (012 Garri C. 1012 Gads), 179 (G. gererining	percary matrical				
er Address of Principal Office)		6	(Mailing Address)			
360 DISCOVERY DR		same	e			
BOALSBURG, PA 16	\$27					
Name and street addres	s of Florida registered agent: (P.O. Box	N <u>OT</u> accept	iable)		·• .	6 OST 1383
Name:	C T Corporation System		_			<u>.</u>
Office Address:	1200 South Pine Island Road		_		٠	
	Plantation		, Florida	3324		ā
	(City)		_	(Zip code)		

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. ALL

Ву:	C T Corporation System	CUMMINICIAL	Christine Kelm - Assistant Secretary
	(Registered agent's sig	giature)	

.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:	Name and Address:	Title or Capacity:	Name and Address:		
■Manager	Name: Steve Heinz	■Manager	Name:		
□Member	Address:	∏Member	Address: Road NE		
□Authorized	Boalsburg, PA 16827	☐ Authorized	Suite 920		
Person		Person	Atlanta, GA 30326		
Other		Other			
☑Manager	Name: Fred Sturgis	■ Manager	Name:		
□Member	Address: 3630 Peachtree Road NE	□Member	Address: 3630 Peachtree Road NE		
□Authorized	Suite 920	□ Authorized	Suite 920 - 23		
Person	Atlanta, GA 30326	Person	Atlanta, GA 30326		
□Other	Other	□Other	***		
	0.10		lonathan Ingram		
■Manager	Name: Seth Green	Manager Manager	Name:		
□Member	Address: 3630 Peachtree Road NE	Member	Address: 3630 Penchtree Road NE		
□Authorized	Suite 920	☐ Authorized	Suite 920		
Person	Atlanta, GA 30326	Person	Atlanta, GA 30326		
□Other	Other	Other	Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Spencer Smith	
Signature of an muliorized person	
Spencer Smith	
Typed or printed traine of statee	

To: +18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENERGYCAP, 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 FIFTH DAY OF NOVEMBER, A.D. 2021.

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

at corn delawate gov/auti

Authentication: 204608620

Date: 11-05-21