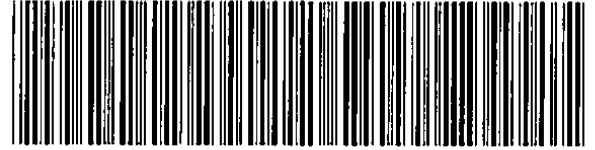


M230000009840



800411493058

(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:

Office Use Only

RECEIVED
2023 JUL 28 AM 11:18
ALLAHASSEE, FLORIDA

FILED
2023 JUL 28 PM 3:13
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 07/28/23
Order #: 1241202-1
Re: Diversegy, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over a horizontal line.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIVERSEGY, 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:

Bruce Schlanger
Name of Person
Diversegy, LLC
Firm/Company
520 Broad Street
Address
Newark, NJ 07102
City/State and Zip Code
mami.silverstein@idt.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mami Silverstein at 973 438-4496
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. DIVERSEGY, 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. TEXAS 3. 27-4297409
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 520 BROAD STREET, NEWARK, NJ 07102 6. 520 BROAD STREET, NEWARK, NJ 07102
(Street Address of Principal Office) (Mailing Address)

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)

FILED
2023 JUL 28 PM 3:13

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.

Alexis Weiland-Jensen, AVP
(Registered agent's signature)

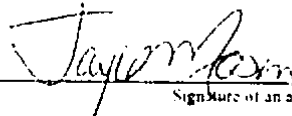
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Genie Energy International Corp.</u>	<input type="checkbox"/> Manager	Name: <u>Michael Stein</u>
<input checked="" type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>
<input type="checkbox"/> Other	Other _____	<input type="checkbox"/> Other	Other _____
<input type="checkbox"/> Manager	Name: <u>Joyce Mason</u>	<input type="checkbox"/> Manager	Name: <u>Avi Goldin</u>
<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>
<input type="checkbox"/> Other	Other _____	<input type="checkbox"/> Other	Other _____
<input type="checkbox"/> Manager	Name: <u>Alan Schwab</u>	<input type="checkbox"/> Manager	Name: <u>Alan Schwab</u>
<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Newark, NJ 07102</u>
<input type="checkbox"/> Other	Other _____	<input type="checkbox"/> 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

Joyce Mason

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Diversegy, LLC (file number 801361512), a Domestic Limited Liability Company (LLC), was filed in this office on December 27, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 27, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State