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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845

Fax Number : (614)573-3996

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

Email Address:_____ laura.pacey@innio.com

Foreign Limited Liability Company NORTHEAST-WESTERN ENERGY SYSTEMS USA LLC

Certificate of Status	0
Certified Copy	0 ,
Page Count	04
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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:

	Limited Liability Company; must include "Limited	Liability	Company, " "LC.," or "LLC.")	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fle	rida. The	alternate name must include "Limited Liability Cornor	ing.T "L.L.C," or "L.C.T)
Delaware		3.	93-2525649	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)		(FEI number, if applicat	le)
Upon filing	(Date first transacted business in Florids, if prior to n		-	
	[See sections 605.0904 & 605 0905, F.S. to determine	e penalty	liability)	
1 Pearl Buck Ct. Unit I	3	6.	Same	
area Asaress of Francipal Office			(Mulling Address)	
Bristol, PA 19007				
			er en er haberte	
. Name and street addre	ss of Florida registered agent: (P.O. Box			10
A. A	as of Florida legiste, ed agent. (F.O. DOX	<u>NOT</u> a	cceptable)	
And a second sec	sy of Fiorida legiste, ed agent. (F.O. Dux	<u>NU I</u> B	cceptable)	23 OCT
Name:	C T Corporation System	NO I_B	cceptable)	2023 OCT 17 SECRETAL
Name:	C T Corporation System	<u>NUI_</u> B	cceptable)	
		<u>NU [</u> a	cceptable)	
Name:	C T Corporation System 1200 South Pine Island Road Plantation	NO I B		
Name:	C T Corporation System 1200 South Pine Island Road	NO I B		23 OCT 17 AM 10: 05 PECRETARY OF STATE TALLARY SEE FL
Name: Office Address: Registered agent's accep	C T Corporation System 1200 South Pine Island Road Plantation (Cay)		, Florida 33324 (Zip code)	17 AHID: 05 ANASSEE, FL
Name: Office Address: Registered agent's acceptiving been named as re- designated in this applica	C T Corporation System 1200 South Pine Island Road Plantation (Cay) stance: registered agent and to accept service of pation, I hereby accept the appointment as	rocess j	, Florida 33324 (Zip code) for the above stated limited liability corred agent and agree to act in this cap	ompany at the place sacity. I further agree
Name: Office Address: Registered agent's acceptiving been named as relesignated in this application occurry with the provis	C T Corporation System 1200 South Pine Island Road Plantation (Cay) Stance: registered agent and to accept service of p.	rocess j	, Florida 33324 (Zip code) for the above stated limited liability corred agent and agree to act in this cap	ompany at the place sacity. I further agree

(Registered agent's signsture)

8. Fc	r initial indexing purposes, li-	st names, title or capacity :	and addresses of the prim.	ary members/managers or	persons authorized to
រោងពន្ធ	ge [up to six (6) total]:	, ,	,	,	F

Title or Capacity:	Name and Address:	Title or Capacity		Name and Address:
□Manager	INNIO North America Holding Inc. Name:	□Manager	Name:	
⊠Member	Address: 1101 W St. Paul Ave.	□Member	Address:	
Authorized	Wuukesha, WI 53188	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	····
□Member	Address:	Member	Address:	
□Authorized		□Authorized		·
Person		Person	•	•
□ Other	□Other	□Other	_ _	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□ Other	□Other	□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.

X/bcey	
Signature of All authorized person	
LAURA PACEY	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORTHEAST-WESTERN ENERGY SYSTEMS USA

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 SIXTEENTH DAY OF OCTOBER, A.D. 2023.

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



Jeffr by W. Ruffieds, Secretary of State

Authentication: 204378648