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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates o	f Status
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Special Instructions to Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp	1			
SUB	JECT: U.R. BAY	AREA SOLAR ELECTRI	CLLC		
		Name of corpo	ration - mus	t include suffix	
Dear	Sir or Madam:	:			
"Cert	ificate of Existence	on by Foreign Corporation," or "Certificate of Good a corporation to transact b	d Standing"	and check are subm	
Pleas	e return all correspo	ondence concerning this i	natter to the	following:	
RUB	EN RUBIO				
		Nar	ne of Person	1	
U.R.	BAY AREA SOLAR	ELECTRIC LLC			
		Firn	v/Company		
1574	8 SOUTHWEST 127	TH AVE APT 206	• •		
			Address		<u></u>
MIA	MI, FL 33177	:			
		City/S	tate and Zip	code	
RUB	EN.XX.RUBIO@GN	MAIL COM			
		E-mail address: (to be	used for fut	ure annual report no	tification)
For f	urther information	concerning this matter, pl	ease call:		
LINS	EY GJERSTAD	at (2۱	9-3732	
	Name of Person		a Code	Daytime Telepho	one Number
	Registration Sec Division of Cor The Centre of T	porations allahassee		MAILING AD Registration Se Division of Cor P.O. Box 6327	ction porations
	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303		Tallahassec, FI	. 32314
		he following amount: to: FLORIDA DEPARTI	MENT OF S	TATE	
	70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	. □ \$78.	75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	rporation; must incl rp," "Inc," "Co," or		COMPANY," "CORPORATION	٧,''
, 201, 00	-6311	· • • /		
		· <u>:</u>		
	ble in Florida, enter		oted for the purpose of transactin	ig business in Florida)
CALIFORNIA			3418022	
(State or country	under the law of w	hich it is incorporated)	(FEI number, if ap	plicable)
11/01/2021		· 5		
(Date	of incorporation)	:	(Date of duration, if other than perpetual)	
01/01/2023		<u>;</u>		
		first transacted business in Florica 607 1502	orida, if prior to registration) F.S., to determine penalty liabili	itu)
CAR COLITIUA	•	PT 206, MIAMI, FL 33177	r.o., to determine penary natur	·· <i>,</i>
		(Principal office	treat address)	<u> </u>
		(Finesparomee 3	treer admess)	202
		(Current mailing a	idress, if different)	
		1	, · · · · · · · · · · · · · · · · ·	
Jame and stree	t address of Florid	i la registered agent: (P.O. B	ox NOT acceptable)	Ö
vario and <u>su oc</u>	RUBEN RUBIO	regionare egonii (e re i e	<u></u> ,	
· Name:		1		œ
iće Address:	15748 SOUTHW	EST 127TH AVE APT 206		်သ
	MIAMI			
		(City)	Zip code)	
	_			
	nt's acceptance:	abus and sa accept complete	of numbers for the shoulders	d corneration at the
			of process for the above state It as registered agent and agr	
ther agree to co	omply with the pr	ovisions of all statutes rela	tive to the proper and comple	
I am familiar	with and accept t	he obligations of my positi	on as registered agent.	
E SAGA HE				
*******	7 / - /			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Director President Director Director	A. DIRECTORS	PLEASE SELECTICORITION ATEROSTIONS FOR IB	ACH-SHAREHCODER
Ovice Chairman Address Ovice Chairman Address Ovice Chairman Address Ovice President Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Address Ovice Chairman Address Ovice Chairman Ovice Chairman Ovice Chairman Ovice Chairman Address Ovice Chairman Ovic	☐ Chairman	Name: JAIRO URIBE	RUBEN RUBIO Chairman Name:
Director TRACY, CA 95376 Director Tracsurer	Vice Chairman	Address:	□ Vice Chairman Address:
President		TRACY, CA 95376	
Chairman Name: Chai	□President	: !	□President APT 206
Chairman Name:	□Vice President		□Vice President MIAMI, FL 33177
Chairman Name: Chairman Name: Vice Chairman Address: Vice Chairman Address: Vice Chairman Address: Vice President Vice Chairman Name: Other Other Other Vice Chairman Name: Vice Chairman Name: Vice Chairman Address: Vice Chairman Address: Vice Chairman Name: Vice Chairman Name: Vice Chairman Vice President Vic	≅ Secretary	Treasurer	□ Secretary ☐Treasurer
Vice Chairman Address:	Other CEO	Other	Other Other
Director		·	
President President	□Vice Chairman	Address:	Uvice Chairman Address:
Chairman Name:	□ Di re ctor		☐Director
Secretary	President		□ President
Other	.tr □Vice President	;	□Vice President
Chairman Name:	Secretary	□Treasurer	□ Secretary □ Treasurer
Vice Chairman Address:	□Other	Other	Other Other
Director Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer 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 what Illing our Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RUBEN RUBIO		;	
President	_	· ;	☐ Director
Secretary			□ President
Important Notice: Use an attackment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index what filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RUBEN RUBIO	□Vice President		□Vice President
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 our Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RUBEN RUBIO	Secretary	☐Treasurer	□ Secretary □ Treasurer
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RUBEN RUBIO	□Other	Other	Other Other
RUBEN RUBIO	12. The officer or dire	Signature of Director signing this document (and who is listed in nu	tor or Officer mber II above) affirms that the facts stated herein are true and that he
13.	_	IRIO	
	13. ROBEN RO		person signing application)



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: U.R. BAY AREA SOLAR ELECTRIC LLC

Entity No.: 202130710631 **Registration Date:** 11/01/2021

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 05, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 116162122

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.