

F24000003068

(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:

W24-85875

Office Use Only



000431019220

2024 JUN -6 PM 1:27

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U.S. DEPARTMENT OF THE TREASURY
INTERNAL SECURITY DIVISION

JUN 10 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2024

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: CINERGY SOLUTIONS - UTILITY, INC.
Ref. Number: W24000085875

We have received your document for CINERGY SOLUTIONS - UTILITY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 924A00012361

RECEIVED
2024 JUN 10 AM 10:03
SECRETARY OF STATE
1411 BRUNSWICK, FL 32009

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/06/2024

Acc#I20160000072

en: c DW

Name:	Cinergy Solutions - Utility, Inc.
Document #:	
Order #:	15618075 - 4

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

SOHN.DANIELS@DUKE-ENERGY.COM

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

**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.*

1. Cinergy Solutions - Utility, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 37-1496842
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/27/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/01/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 139 East Fourth Street Cincinnati, OH 45202
(Principal office street address)

525 S. Tryon Street Charlotte, NC 28202
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System
By: Stephen Rullis Stephen Rullis
(Registered agent's signature) VP & Asst. Secy.

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 [un to six (6) total]:

2024 JUN -6 PM 4:27

A. DIRECTORS

☐ Chairman Name: Lynn J. Good
☐ Vice Chairman Address: 525 S. Tryon Street
☒ Director Charlotte, NC 28202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Karl W. Newlin
☐ Vice Chairman Address: 525 S. Tryon Street
☐ Director Charlotte, NC 28202
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Cassandra M. Springer
☐ Vice Chairman Address: 525 S. Tryon Street
☐ Director Charlotte, NC 28202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Corp. Sec ☐ Other _____

☐ Chairman Name: Brian D. Savoy
☐ Vice Chairman Address: 525 S. Tryon Street
☒ Director Charlotte, NC 28202
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David S. Maltz
☐ Vice Chairman Address: 525 S. Tryon Street
☐ Director Charlotte, NC 28202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Corp. Secretary ☐ Other _____

☐ Chairman Name: T. Cooper Monroe III
☐ Vice Chairman Address: 525 S. Tryon Street
☐ Director Charlotte, NC 28202
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP, Tax ☐ 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.

12. Cassandra M Springer
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.

13. Cassandra M. Springer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

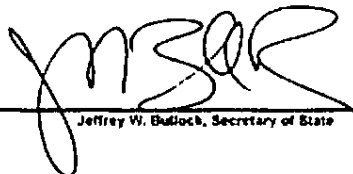
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CINERGY SOLUTIONS - UTILITY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

3857317 8300

SR# 20242017041

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

Authentication: 203443981

Date: 05-10-24