Division of Corporations Electronic Filing Cover Sheet

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,,,,,,,,,,,,,	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019	Ş G	1
	Phone : (305)552-5973		
	Fax Number : (305)675-5944		

## FLORIDA LIMITED LIABILITY CO. ENERGY IT LLC

 Certificate of Status
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 Certified Copy
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 Estimated Charge
 \$130.00

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## **FOR**

SECRETARY OF STATE TALLAHASSEF FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is: (Must and with the words "Limited Liability Company, "LLC." or "LLC.")
ENERGY IT LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  1352 Nu 4 STREET, UDIT 104,  PEMBROKE PINES, FL 33028
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
RAUL E ARRONDO
13521 NW 4 STREET, UNIT 104
PEMBROKE PINES, FL 33028
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
SIDNEY B. WEINSTEIN, AMBR
RAUL E APRONDO, AMBR
MARLENE PENA, AMBR

Required Signatures:

H<sub>1</sub>8000069042

Signature of a member or an authorized representative of a member,

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

RAUL E. ARRONDO

Typed or printed name of signee

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 certificate, 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 relating to the proper and complete performance of ray duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE

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