

M0000002524

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affiliated Power Purchasers International, LLC
(Name of corporation – must include suffix)

500003487285--8
-12/05/00--01040--002
****125.00 ****125.00

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transaction 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:

<u>Cindy A. Zlakowski, CPA</u>	(Name of Person)
<u>Downes Associates, Inc.</u>	(Firm/Company)
<u>2129 Northwood Drive</u>	(Address)
<u>Salisbury, MD 21801</u>	(City/State and Zip code)

FILED
NOV DEC -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>Cindy A. Zlakowski</u>	at (410) 546-4422
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gains St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

M00-2524
OK

Enclosed is a check for the following amount:

X \$100.00 Filing Fee X \$25.00 Designation of Registered Agent

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Affiliated Power Purchasers International, LLC
(Name of foreign limited liability company)

2. Salisbury, MD 3. 52-2270096
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/10/00 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. November 15, 2000
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 2129 Northwood Drive
Salisbury, MD 21801
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Walter W. Moore</u>	<u>2129 Northwood Drive, Salisbury MD 21801</u>
<u>David V. Downes</u>	<u>2129 Northwood Drive, Salisbury MD 21801</u>
<u>George E. Owens</u>	<u>2129 Northwood Drive, Salisbury MD 21801</u>
<u>Michael L. R. Housley</u>	<u>32 Waterloo Street, Warrenton VA 20186</u>

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Marketing of telecommunication services as an independent agent and marketing of natural gas and electricity as a buyers' agent for trade associations.

Walter W. Moore
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Walter W. Moore, Member
Typed or printed name of signee

FILED
NOV DEC -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Affiliated Power Purchasers International, LLC

2. The name and the Florida street address of the registered agent and office are:

United Corporate Services, Inc.

(Name)

9200 South Dadeland Blvd., Suite 508

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami

FL

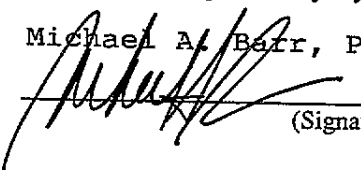
33156

City/State/Zip

FILED
00 DEC -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Michael A. Barr, President


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AFFILIATED POWER PURCHASERS INTERNATIONAL, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 09, 2000.

Paul B. Anderson

Paul B. Anderson
Charter Division

