

MO300000/698

(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:

Office Use Only



200019163502

05/23/03--01008--025 \*\*130.00

RECEIVED  
03 MAY 23 AM 11:21  
STATE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
03 MAY 23 PM 1:11  
STATE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

MO3-1698  
qr

**CT CORPORATION**

May 23, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5856312 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Florida Lakes Power Partners, LLC (DE)  
Registration  
Florida

Florida Lakes Power Partners, LLC (DE)  
Certificate of Status-Foreign  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

FILED  
03 MAY 23 PM 1:11  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

FILED

03 MAY 23 PM 1:11

CLERK OF STATE  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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. FLORIDA LAKES POWER PARTNERS, LLC  
(Name of foreign limited liability company)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For  
(FEI number, if applicable)

4. May 21, 2003  
(Date of Organization)

5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. \_\_\_\_\_  
527 Logwood, San Antonio, Texas 78224  
(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:

Steve Brauer, 527 Logwood, San Antonio, Texas 78224

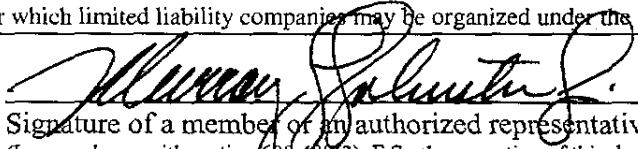
Buddy Myers, 527 Logwood, San Antonio, Texas 78224

Larry Seibolt, 11401 Lamar, Overland Park, KS 66211

Steve Edwards, 11401 Lamar, Overland Park, KS 66211

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: The transaction of any and  
all lawful business for which limited liability companies may be organized under the State of Florida.

  
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.)

Murray L. Johnston, Jr., Authorized Representative of a Member

Typed or printed name of signee

**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:

FLORIDA LAKES POWER PARTNERS, LLC


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

<u>C T Corporation System</u>		
(Name)		
<u>c/o C T Corporation System, 1200 South Pine Island Road</u>		
Florida street address (P.O. Box <b>NOT</b> ACCEPTABLE)		
<u>Plantation,</u>	<u>FL</u>	<u>33324</u>
(City/State/Zip)		

03 MAY 23 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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.*

By:   
C T Corporation System  
(Signature)

EA Wallace Assistant Secretary	<table border="0"><tr><td>\$ 100.00</td><td>Filing Fee for Application</td></tr><tr><td>\$ 25.00</td><td>Designation of Registered Agent</td></tr><tr><td>\$ 30.00</td><td>Certified Copy (optional)</td></tr><tr><td>\$ 5.00</td><td>Certificate of Status (optional)</td></tr></table>	\$ 100.00	Filing Fee for Application	\$ 25.00	Designation of Registered Agent	\$ 30.00	Certified Copy (optional)	\$ 5.00	Certificate of Status (optional)
\$ 100.00	Filing Fee for Application								
\$ 25.00	Designation of Registered Agent								
\$ 30.00	Certified Copy (optional)								
\$ 5.00	Certificate of Status (optional)								

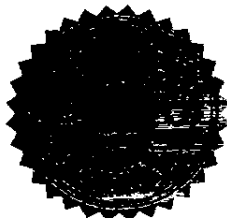
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA LAKES POWER PARTNERS, 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 TWENTY-FIRST DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3661017 8300

030330523

AUTHENTICATION: 2428709

DATE: 05-21-03