

MO3000002307

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000232395 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0303

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FOREIGN LIMITED LIABILITY COMPANY

Cogen Operations LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APPROVED
AND
FILED
03 JUL 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 JUL 14 AM 11:51
DIVISION OF CORPORATION

7-14-03

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

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

1. COGEN OPERATIONS LLC
(Name of foreign limited liability company)
2. DELAWARE
Jurisdiction under the law of which foreign limited company is organized)
3. 73-1668255
(PEI number, if applicable)
4. May 27, 2003
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Cogen Operations LLC will commence transacting business upon qualification.
(Date first transacted business in Florida (See sections 608.51, 608.502, and 817.155, F.S.))
7. 1061 East Indiantown Road, Suite 410
Jupiter, Florida 33477
(Street Address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual address of the managing members or managers are as follows:

Mr. William Ross, c/o Cogen Operations LLC
1061 East Indiantown Road, Suite 410
Jupiter, Florida 33477

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: To engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Company Act provided that the limited liability company shall not engage in any act or activity which requires consent or approval of any Florida state official, department, board, agency or other body, without such consent or approval first being obtained.

Joseph Avallone
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.)

Mr. Joseph Avallone, President and Authorized Member Representative
Typed or printed name of signee

APPROVED AND FILED
03 JUL 14 PM 1:12
SECRETARY OF STATE
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:

COGEN OPERATIONS LLC

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 Pine Island Road

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

Plantation,

FL

33324

(City / State / Zip)

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.

CT Corporation System

By: *Robert L. Latham*

(Signature)

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

RECEIVED
TALLAHASSEE
FLORIDA
JUL 14 2003

03 JUL 14 PM 1:12

APPROVED
AND
FILED

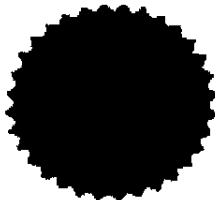
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COGEN OPERATIONS 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 ELEVENTH DAY OF JUNE, A.D. 2003.

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



3662788 8300

030387104

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2467198

DATE: 06-11-03