

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.

(((H06000002276 3)))

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)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850)222-1092

Fax Number

: (850)878-5926

FOREIGN LIM West County Power	Partners, LL
ertificate of Status	ů ů
ertified Copy	0
age Count	04
stimated Charge	\$125.

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA COMPLIANCE WITH SECTION GRADE FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

IN COMPLANC	E WITH SECTION BUSING PILA TYCOMPANYTO TRANSACT BUS	INESS INTHE S	TATE OF FLA	Kraf.	MINITED 10	somether 12		
1. West County	Power Pariners, LLC						<u> </u>	
	(Name of For	eign Limited Li		•				
2 Delaware			Applied	For				
(Jurisdiction u	nder the law of which foreign lim ganized)	ited liability	,	(FEI numb	er, if applicable	: }		
4 01/04/20	006	5.	perpenual					
	(Date of Organization)		(Duration: exist of "p	Year limited erponus!")	hability compar	ny will cease n	,	
6. Business will	commence with the qualification	of the andly in	Plorida				_	
	(Date first transacted (See sections 608.501 d	business in Flor 2 608.502 F.S. 1	ids, if prior w a determine p	registration.) enalty liabilit	y)			
7, 527 Logwood	• • •							
San Amonio,	3°8' 78721		,	•		Z4	06 JAN	-
San Pantonica		treet Address of	Principal Of	lice)			- -	11
	-				-		工工	-
8. If himited li	ability company is a manag	r-managed c	ompany, ci	lock here [_	3		· ÷	į.
9. The name a	and usual business addresses	of the manag	ing memb	ers or mana;	gers are as fo	llows:	至	T
Zachry Cons	anaction Corporation, 527 Logno	od, San Antonic	, TX, 78221				20 79	1
Black & Ver	auch Corporation, 8400 Ward Parl	oway, Kansas C	ity, MO 6411	4		:	17:30 17:30) >
		:					D	
custody of tecon is in a foreign i	an original certificate of existen ds in the jurisdiction under the language, a translation of the	law of which it certificate u	i is organize nder oath o	i. (A photoc f the trans):	opy is not acce stor must be s	eptable, if the submitted.)		
ii. Nature of i	business or purposes to be c	anducted or p	romoted in	Florida: P	ower pront dosig	n anu	_	
construction st	Signature of a mend (In accordance with section an affirmation under the p	of or an author 608.408(3), F.S. enellies of perjun	, the execution y that the facts	of this docume stated berein at	nt constituics g true.)		- .≯	
	Murray L. Johnston, Ir.,				n			
	Туре	d or printed n	ame of sign	ice				

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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I TOUR ESTERNA . F.		
	ĝ.	
t. The name of the Lin	ted Liability Company is:	•
West County Power Partner	ne.	
2. The name and the F	rids street address of the registered agent and office are:	
	C T Corporation System	
, , , , , , , , , , , , , , , , , , , 	(Name)	
	•	
	1200 South Pine Island Road	
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation, Florida 33324	
	City/State/Zip	
liability company at the jagent and agree to act is relating to the proper an obligations of my position of the By: CT Cor By:	sistered agent and to accept service of process for the above stated limited ace designated in this cartificate, I hereby accept the appointment as registered his capacity. I further agree to comply with the provisions of all statutes complete performance of my duties, and I am familiar with and accept the as registered agent as provided for in Chapter 608. Florida Statutes.	TIL TU
	\$ 100.00 Filing Fee for Application	
	\$ 25.80 Designation of Registered Agent	
	\$ 30.00 Certified Copy (optional)	
	\$ 5.00 Certificate of Status (optional)	

, A

FLOST - SUPPLIES C T System Challen

Delaware

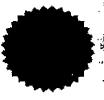
PACK T

The First State

I, ERRRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEDERY CERTIFY "WEST COUNTY POWER PARTHERS, LLC" IS DULY FORMED GROER 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 STORTH DAY OF JANUARY, A.D. 2006.

OG JAN -4 PM 12: 30
SECANDESSEE, FLORIDA

4088097 8300 060002836



Daniet Smith Hinder

Harriet Smith Windson, Secretary of State
AUTHENTICATION: 4420132

DATE: 01-04-06