# H10000003647

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· .					
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#### **COVER LETTER**

SUBJECT:	PLA	SMA POWER, LLC	
		ame of Limited Liability Company	<del></del>
The enclosed "Application I Existence, and check are su	by Foreign Limited Lie bmitted to register the	ability Company for Authorization to T above referenced foreign limited liabil	Transact Business in Florida," Certificate of ity company to transact business in Florid
Please return all correspond	ence concerning this r	matter to the following:	
		PATRICK SHANK	
<del></del>		Name of Person	
	DOV	VNS RACHLIN MARTIN PLLC	<u> </u>
		Firm/Company	
	199	MAIN STREET, 6th FLOOR	
		Address	
<u>.</u>	<u> </u>	BURLINGTON, VT 05401	
		City/State and Zip Code	
ી; For further information con		(to be used for future annual report no	tification)
: [	Patrick Shank	at ( 802 )	846-8331
	Name of Person	at ( 802 )  Area Code & Daytime Telephore	
MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Englaced is a sheet for	the following amo	ount:	

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

IN COMPLIANCE WITH SECTION 608.503, F LIMITED LIABILITY COMPANY TO TRANSACT			TTED TO R	EGISTER	A FO	REIGN
1	Plasma Pow	er IIC				
1(Name of Foreign Limited Liability Co	mpany; must include "	Limited Liability Company,"	"L.L.C.," 01	"LLC."	)	
(If name unavailable, enter alternate name ado consent of the managers or managing member Company," "L.L.C," "LLC.")	pted for the purpose of s adopting the alternate	transacting business in Floric e name. The alternate name m	and attachust include	n a copy of	of the v Liabili	vritten ty
2. Delaware	3.	27-2790415 ( FEI number, if applicable)				
company is organized)	limited liability	( FEI number, if	applicable)			
4. June 7, 2010 (Date of Organization)	June 7, 2010  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will					
(Date of Organization)		(Duration: Year limited liabil exist or "perpetual")	ity company	will cea	se to	
6. (Date first transac	ted business in Florida	, if prior to registration.)				
(500 3000013 000.5		determine penalty liability)				
7. 360 Route 101, Suite 3A, Bedford,	NH 03110					
	(Street Address of P	rincipal Office)			<del></del>	
8. If limited liability company is a mar	nager-managed cor	npany, check here				
9. The name and usual business addre	sses of the managin	ng members or managers	are as foll	lows:		
James Juranitch - 714 NE 20th A	venue, Ft. Lauderdale,	FL 33304				
Ronald L. Roberts - 360 Route	101, Suite 3A, Be	edford, NH 03110				
Richard E. Tarrant - 360 Route	101, Suite 3A, Be	edford, NH 03110	<u></u>			
10. Attached is an original certificate of existence the jurisdiction under the law of which it is organ translation of the certificate under oath of the translation.	nized. (A photocopy is a	not acceptable. If the certificate				ords in
11. Nature of business or purposes to	be conducted or pro	omoted in Florida: ene	rgy relate	d rese	arch	
	and develop	ment				•
	16	la		. 5		
Signature of a m	ember or an autho	rized representative of a	member.	TA:SE	<b>ಪ</b>	
(In accordance with s	ection 608.408(3), F.S., t	he execution of this document co hat the facts stated herein are true	nstitutes	CRET	AUG	77
		orized Representative			17	
	yped or printed na	me of signee		EC	70	

### 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:
Plasma Power, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
James Juranitch
(Name)
714 NE 20th Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)
Ft. Lauderdale, FL 33304  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, Florida Statutes.

(Signature)

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PLASMA POWER, 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 THIRTIETH DAY OF JULY, A.D. 2010.

4832878 8300

100788549

AUTHENTY CATION: 8144415

DATE: 07-30-10

You may verify this certificate online at corp.delaware.gov/authver.shtml