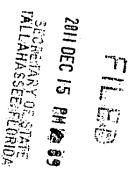
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	•
(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	A. LUNT

400213351264

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A. LUNT
DEC 1 6 2011
EXAMINER

Office Use Only



October 27, 2011

BEVERLY WESTLE 673 FIFTH AVE. 5TH FLOOR NEW YORK, NY 10022

SUBJECT: ENERGY INDEPENDENCE PARTNERS, LLC

Ref. Number: W11000055045

We have received your document for ENERGY INDEPENDENCE PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 711A00024545

## COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJI	ECT:	Energy	Judgen Clinica Name of Limited Liability Compan	Portners, UC		
	• •		3	n to Transact Business in Florida," C liability company to transact busine		
Please	return all correspo	ndence concerning this	matter to the following:			
			Westle Name of Person			
		Energy	Independence For Form/Company	Extreme, UC	20	
	<del></del>	673 KH	h A'e 5th Flow Address	2 MM 1005	BII DEC 15	V-100
		M	City/State and Zip Code		en par	
		E-mail address	He @ ein-11c	ort notification)	<b>5</b>	pro-V
For furt	her information co	oncerning this matter, p	please call:			
•	Bever	Name of Person	at ( <u>CL+C</u> ) Area Code & Daytime Tel	SEC 4479 ephone Number		
	MAILING ADI Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL	orations tion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2601 Executive Center Circle Fallahassee, FL 32301	·		
		or the following am ee \$\int_\$130.00 Filing Certificate of \$\int_\$	g Fee &\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	÷	

## 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:
(Name of Foreign Limited Liability Company; trius include "Limited Liability Company," "L.L.C" or "L.L.C")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC."
2. (Jurisdiction under the law of which foreign limited hability company is organized)  (FEI number, if applicable)
4. (Date of Organization)  5. (Duration) Car limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.)
7. 673 5th Durine - 5th Hoa 3.
My My (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:
Beverly Westle, 673 KAHAR, STAPLOOR New York NY 1002
STATIL WIMEVEGE, DISTANTINE, STEIDLE 101 109 1002
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:
Beverly lette
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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Typed or printed name of signee
, 1 L L L L L L L L L L L L L L L L L L

## 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:	
Energy Independence Partn	ers LLC	
If unavailable, the alternate	to be used in the state of Florida is:	
2. The name and the Florida	a street address of the registered agent and office are:	7011
Corporation	Service Company	ZONI DEC 15 PALLEAHASS
	(Name)	SSE
1201 Hays S	Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	000 M
Tallahassee	F <sub>1</sub> 32301	
	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.

Corporation Service Company

By: Javan Custom, Asst. Sec.
(Signature)

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