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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 2 2 2012

EXAMINER

COVER LETTER

	legistration Section Division of Corporations	
SUBJECT	r. Eneractive Solution	s, LLC
		Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please retu	arn all correspondence concerning this	matter to the following:
	Heather Kinder	
		Name of Person
	Eneractive Solutions, L	LC EG # T)
	<u> </u>	Firm/Company III
	700 Mattison Avenue	Firm/Company Address Address
		Address
	Asbury Park, NJ 0771	2 ORIGINAL O
		City/State and Zip Code
	hkinder@eneractive	esolutions.com
	E-mail address	: (to be used for future annual report notification)
For further	information concerning this matter, pl	case call:
H	leather Kinder	at (732) 988-8850
	Name of Person	Area Code & Daytime Telephone Number
D Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amount is a check for the following achieves the following amount is a check for the following amount is a check for the following achieves the following achieves the following achieves the following achieves the following achieve the following achieves the following a	
	☐ Certificate of S	Status Certified Copy 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:

1.	Eneractive Solutions,LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
	ompany," "L.L.C," "LLC.")
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	6/1/06 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	700 Mattison Avenue, Suite A
	Asbury Park, NJ 07712 (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:
	Daniel K Weeden 313 Grassmer Avenue, Interlaken, NJ 07712
	Fidelity Engineering 25 Loveton Circle, Sparks, MD 21152
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Consulting
	Signature of a member or an authorized representative of a member

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.)

Daniel K Weeden

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:		
Eneractive Solutions,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:	7	
NRAI Services, Inc	Ş 3 ₹	
(Name) ASSE 515 East Park Avenue En	TARY D	,
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee FL 32301	1 _0	
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.

NRAI SERVICES, INC.

Jessica Motzger, Assistant Secretary

(Skr)ature)

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



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENERACTIVE SOLUTIONS, 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 TENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENERACTIVE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2006.

4165046 8300

120496958

AUTHENTY CATION: 9565399

DATE: 05-10-12

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