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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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### Foreign Limited Liability Company NRG Backup Generation Services LLC

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

D. BRUCE

SEP 28 2012

EXAMINER

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# TRANSACT BUSINESS IN FLORIDA

NRG Backup Generation Services LLC (Name of Foreign Limited Liability Company; must in	clude	"Limited Lia	bility Com	any, WILL	C. " or "LLC.	<del>"</del>
					•	
name unavailable, enter alternate name adopted for the pur	pose	of transacting	business in	Florida and	attach a copy	of the writ
sent of the managers or managing members adopting the a mpany," "LL.C," "LLC.")	itern	ate name. The	alternate na	ma must in	clude "Limite	d Liability
Delaware	3.	45-541.1416				•
Inriduction under the law of which foreign limited liability company is organized)	y		(FEI oumb	er, if applic	ablo)	<del>,</del> .
05/13/2012	5.	Perpetual .			,	
(Date of Organization)		(Duration: exist or "pe	Year limited	liability co	mpany will ce	ase to
		, value or po	apolium /		•	•
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(Date first transacted business in (Sep sections 608.501 & 608.502 F	.S. 1	determine p	malty liabili	y)	, *	
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	1					SS.
211 Carnegie Center, Princeton, NJ 08540					•	rini i÷:
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(Street Address of limited liability company is a manager-manager		Principal Off		]		OF SIATE FLORI
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#### 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.

II unavanabi	e, the alternate to be used in	n the state of Florida is:	
2. The name	and the Florida street addr	ess of the registered agent and office are:	
	C T Corporation System		
		(Name)	<del></del>
•	1200 South Pine Island Road	· 	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	· · · · · · · · · · · · · · · · · · ·
	Plantation	FL 33324	

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 System

1. The name of the Limited Liability Company is:

Sharon R. Kresz Assistant Secretary

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

# Delaware

DACE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NRG BACKUP GENERATION SERVICES 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D.
2012.

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

5162223 8300

121067865

You may verify this destificate onling

AUTHENTICATION: 9872238

DATE: 09-25-12