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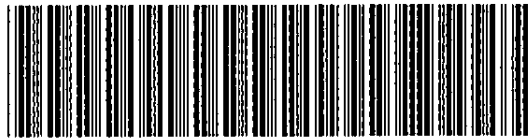
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/26/14

NAME: ENERGY SOURCE LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File Second **

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Energy Source, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joshua L. Celeste, Esq.

Name of Person

Duffy & Sweeney, LTD.

Firm/Company

1800 Financial Plaza

Address

Providence, RI 02903

City/State and Zip Code

jceleste@duffysweeney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua L. Celeste, Esq. at 401 455-0700

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Energy Source, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. **Rhode Island**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **27-3908083**

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **86 Sutton St., Unit 1R**

Providence, RI 02903

(Street Address of Principal Office)

6. **Duffy & Sweeney, LTD., 1800 Financial Plaza**

Providence, RI 02903 attn: Joshua L. Celeste, Esq.

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael H. Lemoi, Jr., Manager

Ronald T. Sliney, Jr., Manager

Address: 86 Sutton St., Unit 1R, Providence, RI 02903

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, 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.817.153, F.S.)

President

Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Source, 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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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 605, Florida Statutes.

William J. Delgado, Assistant Secretary

(Signature)

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

Certification Number: **14060089970**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

Energy Source, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on .

November 09, 2010

Effective

November 09, 2010

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized
and existing under and by virtue of the laws of the State of Rhode Island and is in good
standing according to the records of this office.

SIGNED AND SEALED ON

Thursday, June 26, 2014

A. Ralph Mollis

Secretary of State

Jeanne M. Masi
Authorized Agent

