

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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16 OCT 13 PM 12:22
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
LKL GOLDFINCH, LLC**

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT 13 PM 3:00

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1715000002032</u>			
1. Limited Liability Company's Name LKL Goldfinch, LLC			
2. Principal Office Address - No P.O. Box # 804 Carnegie Center Suite, Apt. #, etc.		3. Mailing Office Address 804 Carnegie Center Suite, Apt. #, etc.	
City & State Princeton, NJ Zip 08540		City & State Princeton, NJ Zip 08540	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 03/18/2015			
6. FEI Number ☒ Applied For ☐ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 additional fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent <u>Curt Kreisel</u> <u>Curt Kreisel, Asst. Sec.</u> Date <u>10-13-2016</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	NRG Renew LLC	804 Carnegie Center	Princeton, NJ 08540
REINSTATEMENT <u>2016</u>			
11. E-mail Address: <u>subsidiarymanagement@nrg.com</u>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager <u>Cindy VanDran</u> Date <u>10/11/2016</u> Daytime Phone # _____			
Typed or printed name of signing Authorized Representative/Manager <u>Cindy VanDran, Assistant Secretary of NRG Renew LLC</u>			

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176384

FROM Ranae McGraw

DATE 2016-10-13 10:08:33 CST

RE LKL GOLDFINCH, LLC

COVER MESSAGE

Chris Rickard
Fulfillment Specialist
CT Corporation

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www.wolterskluwer.com<http://www.wolterskluwer.com/>

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