Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	will generate another cover sheet.
	Division of Corporations Fax Number : (850) 617-6383
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368
Enter t annı	he email address for this business entity to be used for future all report mailings. Enter only one email address please.
annı	he email address for this business entity to be used for future all report mailings. Enter only one email address please.** 1 Address:

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DEC 03 2015 J. HARRIS

12/2/2015 10:20:19 AM From: To: 8506176383(2/4)

	•	co	OVER LETTER	•					
TO: F	Registration Section								
l.	Division of Corporation	ons							
OF OD THESE	TEXAS UTILITY	SOLUTIONS LLC							
SUBSEC	1	TEXAS UTILITY SOLUTIONS LLC Name of Limited Liability Company							
The enclos	sed "Application by Fo	oreign Limited Liability Com	pany for Authoriz	ation to Tr	ransact Business in Florida." Certifica ty company to transact business in Flo				
Please rete	urn alt correspondence	concerning this matter to the	e following:						
		<u> </u>	fame of Person	• ····································					
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	kay.taylor@kay	taylorlaw.com							
	g personal and a management of both of the said of the	E-mail address: (to be use	d for future annua	l report no	tification)				
For further	information concerning	ng this matter, please call:							
K	Cay Taylor		512	472-77	736				
g-age-s	Name	of Contact Person	Area Code	Day	ytime Telephone Number				
M	IAILING ADDRESS	•		STREET	I ADDRESS:				
Division of Corporations			Division of Corporations						
Registration Section P.O. Box 6327 Tallalaceae, FL 32314		Registration Section Clifton Building 2661 Executive Center Circle							
							, 11	allahassee, FL 32314	
Enclosed <u>i</u> s	a check for the follow	ving amount:			·				
12	L\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy	—	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

12/2/2015 10:20:19 AM From: To: 8506176383(3/4)

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

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

1. TEXAS UTILITY SOI	LUTIONS LLC						
(Name of For	ego Limited Liability Company; mus	st include "Limited Liability Co	inpany, "L.L.C., or "I	I.C.")			
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose "or "LLC.")	e of transacting business in Flori	ida. The alternate name	must include "Limited			
2. Texas		3. 35-2458746					
(Jurisdiction under the law company is organized)	r rygger a principal der de 15 to 15						
1	(Data fire) transported business	an in Flancka Hamilton to the Santa					
	(Date first transacted busine, (See sections 605.0904 & 605.	0905, F.S. to determine penalty	liability)				
5. 901 S MOPAC EXPY	PLAZA 1 STE 160		The state of the s				
AUSTIN/TX/78746				20 20 20 20 20 20 20 20 2			
	(Street Address of Principal Office)						
6. 901 S MOPAC EXPY 1	PLAZA 1 STE 160		n de 1924 - De 1927 (1921 des equilipoliques points dide 1920 de 1920)				
AUSTIN/TX/78746				Harman Harman			
the major has the following and have a long to the second of the second	(Mailing A	Address)		SSS -2			
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accentable)					
Name:	C T Corporation System						
•	1200 South Pine Island Road						
Office Address:		F					
	Plantation	, Ploric	da 33324				
Registered agent's accept			(Zip code)				
designated in this applicat to complywith the pravisio accept the obligations of n	gistered agent and to accept servition. I hereby accept the appoints ons of all statutes relative to the pay position as registered agent. C T Corporation Sy By:	ment as registered agent and	l agree to act in this c nance of my duties, a	apacity. I further agree			
		red agent's signature)	AICE MEMORING				
8. The name title or cars	city and address of the person(a)	who has/bane authority to me	usace is/are:				
Kenneth R. Satterlee At.	JTHORIZED PERSON	901 S MOPAC EXP	Y PLAZA 1 STE	160 AUSTIN, TX 78746			
				·			
Attrahad is a particular	- Carina			- 1 - 1 - 1			
	of existence, no more than 90 day of which it is organized, (If the co- hmitted)						
The transfer many of the		ALLORDON					
	Signature	AXCELLE OF AN AUTHORIZED PERSON	na alemake de de Green ya yanganga mande de de derde de de				
This document is executed	in accordance with section 695,02		l am aware that one fo	lse information			
ubmitted in a document to	the Department of State consistent	es a third degree felony as pro	ovided for in s.817.15	5, F.S.			
	Kenneth R. Satterlee	The second of th					

Typod or printed name of signee

12/2/2015 10:20:19 AM From: To: 8506176383(4/4)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Texas Utility Solutions LLC (file number 801665181), a Domestic Limited Liability Company (LLC), was filed in this office on October 05, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 01, 2015.



Pulc Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Fax: (512) 463-5709 Prepared by: SOS-WEB TID: 10264 Document: 642698370003

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