# M16000001421

(Re	equestor's Name)	)		
(Ad	ddress)			
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(Ci	ity/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Be	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
cert. Cert.	7			
W160000600+D				

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2016

SYDNEY 24 CATHERDRAL PL, STE 300 ST AUGUSTINE, FL 32084

SUBJECT: NTE CAROLINAS SOLAR, LLC

Ref. Number: W16000060040

We have received your document for NTE CAROLINAS SOLAR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 716A00018484

### **COVER LETTER**

arn in ca	NTE Carolinas Sol	ar, LLC				
SUBJECT:	Name of Limited Liability Company					
		reign Limited Liability Com ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Sydney Moser					
		N	ame of Person			
	NTE Energy					
		F	irm/Company			
	24 Cathedral P	lace Suite 300				
			Address			
	St. Augustine,	FL 32084				
		City/S	tate and Zip Code			
	smoser@nteener	<del></del>				
	·	E-mail address: (to be used	d for future annual	report not	ification)	
or further in	formation concerning	g this matter, please call:				
Sydi	ney Moser		904 at (	687-185		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divi Regi P.O. Talla	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314 check for the follow	5		Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	16 SEP 16
	25.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

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

, NTE Carolinas Solar, L	<i>ISINESS INTHE STATE OF FLORIDA:</i> .LC			
1,	eign Limited Liability Company; must in	nclude "Limited Liabi	lity Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of " or "LLC.")	f transacting business	in Florida. The alternate nan	ne must include "Limited
2. Deleware	,	3 81-3386300		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4				_
5. 24 Cathedral Place Sui	(Date first transacted business i (See sections 605.0904 & 605.090 te 300	on Florida, if prior to it.	egistration.) penalty liability)	16 S
St. Augustine, FL 3208				12000000000000000000000000000000000000
6. 24 Cathedral Place Suit	(Street Address of Prin	ncipal Office)		SACTION
St. Augustine, FL 3208	14			0
	(Mailing Add	iress)		- 空台 - 空台
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptal	ble)	P
Name:	Castillo Investment Holdings II, L	LC		
Office Address:	24 Cathedral Place Suite 300			
	St. Augustine		, Florida <u>32084</u>	
Registered agent's accep	(City)		(Zip code)	_
Having been named as red designated in this applica- to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	ent as registered ag	ent and agree to act in th	is capacity. I further agree
8. The name, title or capa Seth Shortlidge	ncity and address of the person(s) wh	U	y to manage is/are:	
Manager				
24 Cathedral Place Suite 3	300 St. Augustine, FL 32084			<del></del> -
	of existence, no more than 90 days of which it is organized. (If the certical abmitted)			
	Signature of a	an authorized person		_
	in accordance with section 605.020 the Department of State constitutes			

Typed or printed name of signee

Seth Shortlidge

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NTE CAROLINAS SOLAR, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NTE CAROLINAS SOLAR, LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2016.

OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2016.

6092346 8300 SR# 20165271905

Authentication: 202805978

Date: 08-10-16

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