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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
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O SIMMONS FEB 0 8 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 499353 782664

AUTHORIZATION : Spulledens

COST LIMIT : \$'-125/00

ORDER DATE: February 6, 2017

ORDER TIME : 5:01 PM

ORDER NO. : 499353-005

CUSTOMER NO: 7826646

FOREIGN FILINGS

NAME: XOOM SOLAR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	Division of Corporatio	ns	A 2 TO SECURISH SECURISH SECURISH SECURISH SECURISH	and the state of t		
SUBJEC	T: XOOM So	lar, LLC				
		Name of	Limited Liability	Company		
					ansact Business in Florida," Certifi y company to transact business in F	
Please ret	um all correspondence	concerning this matter to the	following:			
		Chris Phillips				
		N	lame of Person			
		XOOM Solar, LLC				
		F	inn/Company			
		8511 Davis Lake Parkwa				
			Address			
		Charlotte, NC 28	3269			
		City/S	State and Zip Code	:		
	_	twalker@xoomene				
		E-mail address: (to be use	d for future annua	l report not	ification)	
For further	r information concernin	g this matter, please call:				
_	Tammy Walker		at (704	_) 274-	1444	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	is a check for the follow 3 \$125.00 Filing Fec	ring amount: \$\Boxed{1} \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy		☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy	è

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

XOOMSdar, LLC	AMARAM ER EFFER MATERIAL FOR ENCIRCULAR.	CORANI ELE UNMANANTA SANS COMUNICAMENTAMENTAMENTA MANTA ONDO MINOLESCO PROPERTO DE PRESTANCIO.	
(Name of Fore	ign Limited Liability Company; must include "Limited Liability	(Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in a or "LLC.")	Florida. The alternate name must include "Limited	
2. Delaware	3.	FEI number, if applicable)	
company is organized)	of which foreign limited liability (F	ren number, ir applicable)	
4. <u>N/A</u>	Data first transacted business in Florids, if prior to real	interation)	
	{Date first transacted business in Florida, if prior to regi (See sections 605.0904 & 605.0905, F.S. to determine pen	talty liability)	
5. <u>8511 Da</u>	vis Lake Parkway Suite C6-179 Charlotte, NC 28269		
•	(Street Address of Principal Office)		
68511 Day	vis Lake Parkway Suite C6-179 Charlotte, NC 28269	FEB (CSA)	1.
		(a. 1)	F
	(Mailing Address)	73**	1
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable	· 프 * ** ** ** ** ** ** ** ** ** ** ** ** *	
Name:	Corporation Service Company	ភូ	
Office Address:	1201 Hays Street	4'	
3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tallahassee , F	Novida 32301	
	(City)	(Zip code)	
Registered agent's accept		and stated limited lightlity sameany at the pla	
designated in this applicat	gistered agent and to accept service of process for the ab tion, I hereby accept the appointment as registered agent	t and agree to act in this capacity. I further ag	gree
to complywith the provision	ous of all statutes relative to the proper and complete per	formance of my duties, and I am familiar wit	h and
accept the obligations of h	ny position as registered agent. Corporation Service Company	ې کار کې Williams	
	By: (Registered agent's signature)		
8. The name, title or capa	icity and address of the person(s) who has/have authority to 11 (ps, coo xoom Solar, u	o manage is/are:	
Chris Phil	ilips, coo xoon solar, a		
	Lake Parkway, Suite C	6-179	
Charlotte,	NC 28269		
	Signature of an authorized person	,	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida State of the Department of State constitutes a third degree felony	utes. I am aware that any false information as provided for in s.817.155, F.S.	
	Chris Phillips	No. of the Control of	
	Typed or printed name of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "XOOM 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 OFFICE SHOW, AS OF

THE SIXTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XOOM SOLAR, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2014.

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

Authentication: 201988320

Date: 02-06-17

5599020 8300 SR# 20170670709