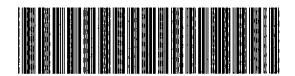
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T. HARRIS

COVER LETTER

	ation Section n of Corporation:	s		
SUBJECT:	Red	al Power	Solutions Limited Liability Company	, LLC
		Name of I	Limited Liability Company	
				insact Business in Florida," Certificate of company to transact business in Florida
Please return all	correspondence co	oncerning this matter to the	following:	
		Lind	La Cada ame of Person	
	_	Na	ame of Person	
	Re	al Power	Solutions,	LLC
		Fi	rm/Company	<u> </u>
		PO Box	5909	
			Address	
		Boise :	ED 83704 tate and Zip Code	
		City/St	tate and Zip Code	
	ca	da @ USCapi	talidaho. Com	ification)
For further infor		this matter, please call:	·	ŕ
	Lind of	Contact Person	at (208) Area Code Day	991-5991 time Telephone Number
Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
	eck for the following 6.00 Filing Fee	ng amount: \$\mathbb{X}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Attn: Jenna Harris

Re: Real Power Solutions, LLC Document # W17000034534

The foreign entity filing was rejected due to the missing Certificate of Good Standing (attached) for Real Power Solutions, LLC.

Thank you,

Linda Cada

Real Power Solutions

PO Box 9505

Boise, ID 83705

208-991-5991

COLLAPIC Z/ PM 12: 50

April 21, 2017

LINDA CADA PO BOX 5909 BOISE, ID 83705

SUBJECT: REAL POWER SOLUTIONS, LLC

Ref. Number: W17000034534

We have received your document for REAL POWER SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00007819

17 APR 27 AMIS S

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

COMPANYTO TRANSACT BU	TION 608.0902, FLORIDA STATUTES, THE I SINESS INTHE STATE OF FLORIDA:			γ
, Re	al Power Soli	utions, LLC		
(Name of Foreign	Limited Liability Company; must include "Limi	izd Liability Company," "L.L.C.," or "LL	C.**)	
• -	are adopted for the purpose of transacting business in F			
2. Delawa	LYC. Alch foreign limited liability company is organized)	3. <u>81-248</u>	087	
	N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	(Date first transacted business in Florido, If prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) raise penalty liability)		
5. 875 W MC	Gregor Ct	6. PO Box	5909	
St 150	rincipal Office)	Boise II	Address) 83705	
Boise II	83705			; ;
- N	CM	NOTeconolists	APR 2	in A
7. Name and street address	s of Florida registered agent: (P.O. Bo InCarp Services, Inc.	x NOT acceptable)	27	-
Name:			登颐	13. 2 13. 1 13. 1
Office Address:	17888 67th Court North		9	7.
	Loxahatchee	, Florida 3347(<u> </u>	-
to comply with the provis	tion, I hereby accept the appointment ons of distributes relative to the prope	as registered agent and agree to	iled ilability company at the place act in this capacity. I further agre my duties, and I am familiar with	e
to comply with the provisionand accept the obligation. 8. The name, title or capital accepts the complex to the capital accepts the capital accep	fon, I hereby accept the appointment ons of all stiputes relative to the proper of my position as registered agent. Josia (Registered agent) (Registered agent)	as registered agent and agree to and complete performance of the A. Sorensen on behalf of InComplete performance of InComplete performance of InComplete performance is a section of InComplete performance in Incomplete performance of InComp	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc.	e
to comply with the provisi and accept the obligation	fon, I hereby accept the appointment ons of all stigutes relative to the proper of my position as registered agent. Josia (Registered agent) Active and address of the person(s) who is the property of the person	as registered agent and agree to er and complete performance of the A. Sprensen on behalf of InComplete performance of the A. Sprensen on behalf of InComplete (Incomplete Performance)	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc. e: Name and Address;	e
8. The name, title or capt	fon, I hereby accept the appointment ons of all stiputes relative to the proper of my position as registered agent. Josia (Registered agent) (Registered agent)	as registered agent and agree to and complete performance of the A. Sorensen on behalf of InComplete performance of InComplete performance of InComplete performance is a section of InComplete performance in Incomplete performance of InComp	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc.	× poor
8. The name, title or cap: Manager Manager	fon, I hereby accept the appointment ons of all stiques relative to the proper of my position as registered agent. Jose (Registered agent acity and address of the person(s) who is Name and Address Tokn Pre kn	as registered agent and agree to and complete performance of the A. Sorensen on behalf of InComplete performance of InComplete performance of InComplete performance is a section of InComplete performance in Incomplete performance of InComp	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc. e: Name and Address;	× 200
8. The name, title or capt	fon, I hereby accept the appointment ons of all stigutes relative to the proper of my position as registered agent. Josia (Registered agent) Active and address of the person(s) who is not address. John Pre hn Po Box 1317 Pe hiple: Green CA 939 Kodney Jones 2760 Focas Farm	as registered agent and agree to er and complete performance of its A. Sorensen on behalf of inComplete performance of incomplete performance incomplete perf	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc. e: Name and Address;	× 200
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces	fon, I hereby accept the appointment ons of all stiques relative to the proper of my position as registered agent. Josia (Registered agent. Josia (Registered agent. John Prehn Po Box 1317 Pebble: Brech CA 939 Rodney Jones 3760 Focas Farm Arian in GA 357	as registered agent and agree to er and complete performance of its A. Sorensen on behalf of InCompany in the same authority to manage is at Title or Canacity: Manager 53	oct in this capacity. I further agreemy duties, and I am familiar with a Services, inc. Services, inc. Name and Address; Mark. Barteau: 12235 a) Science Beisa 34 13713	× 200
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces	non, I hereby accept the appointment ons of all stiques relative to the proper of my position as registered agent. Josia (Registered agent. Josia (Registered agent. Josia (Registered agent. John Pre ho Position of the person(s) who is many and Address; John Pre ho Position of the person of	as registered agent and agree to be and complete performance of its A. Sorensen on behalf of inComplete performance of its A. Sorensen on behalf of inComplete performance of its A. Sorensen on behalf of inComplete performance is a signature. Manager Manager 39 I, duly buthenticated by the official atc is in a foreign language, a transport of the performance of its accordance of the performance of the performance of its accordance of the performance of the performance of its accordance of the performance of the performance of the performance of its accordance of the performance	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc. Services, inc. Name and Address; Mark Bartsau 12235 a) Science Beisa 30 53713	× 200
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	non, I hereby accept the appointment ons of all stiques relative to the proper of my position as registered agent. Josia (Registered agent. Josia (Registered agent. Josia (Registered agent. John Pre ho Position of the person(s) who is many and Address; John Pre ho Position of the person of	as registered agent and agree to and complete performance of its and complete performance of its and complete performance of its analysis and complete performan	act in this capacity. I further agreemy duties, and I am familiar with a Services, inc. Services, inc. Name and Address; Mark Barteau; 12235 at Science Boisa 3D 33713 It having custody of records in the station of the certificate under oath	× 200

Delaware

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "REAL POWER SOLUTIONS, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL POWER SOLUTIONS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

Authentication: 202427866

Date: 04-24-17