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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOLX Energy, LLC	
	d Liability Company
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced	
Please return all correspondence concerning this matter to the follow	ving:
Sean K. Elavia	
Name o	f Person
Levin & Gann, P.A.	
Firm/Co	ompany
502 Washington Avenue	ue, 8th Floor
Add	ress
Towson, MD 21204	
City/State ar	·
selavia@levingann.con	า
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Sean K. Elavia	410 ₃₂₁₋₄₆₅₁
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	\$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 BUSINESS IN THE STATE OF FLORIDA:

Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "I	L.L.C.," or "LLC.")	
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must	t include "Limited Liab	ility Company," "L.L.C," or "LLC.")
_{2.} Delaware		_{3.} 81-5310		
	hich foreign limited liability company is organized)	3. <u>4. 44. 44.</u>		er, if applicable)
_{1.} N/A				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration.)		
465 South Orland	lo Avenue, Suite 410		th Orlando A	venue, Suite 410
(Street Address of I	rincipal Office)	· ·	(Mailing Addre	ess)
Maitland, Florida	32751	<u>Maitland,</u>	Florida 327	51
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		ASS .
Name:	Scott Battaglini			1
Office Address:	465 South Orlando Avenue, S	Suite 410		SS & STATES
	Maitland	, Flor	_{rida} 32751	
	(City)		(Zip code	· · · · · · · · · · · · · · · · · · ·
Having been named as re lesignated in this applica	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent at	nd agree to act i	n this capacity and further ag
Having been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of p	s registered agent at	nd agree to act i	n this capacity and further ag
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent as and complete perfo	nd agree to act i	n this capacity and further ag
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate	gistered agent and to accept service of ption, I hereby accept the appointment actions of all statutes relative to the proper sof my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: Mark Crabtree 465 South Orlando Avenue, Suite 410 Maitland, Florida 32751 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered agent and complete performand complete performance complete perfor	nd agree to act in primance of my a manage is/are: city: by the official harguage, a translati	in this cupacity and further against the supering further against the supe
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: Manager (Use attachments if neces by Attached is a certificate jurisdiction under the law of the translator must be so	gistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: Mark Crabtree 465 South Orlando Avenue, Suite 410 Maitland, Florida 32751 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered agent and complete performand complete performance complete perfor	nd agree to act in primance of my a series of my a	in this cupacity and further against the substitution will be a substitute of the current of the certificate under or substitute of the

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOLX ENERGY, 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 THIRD DAY OF MAY, A.D. 2017.

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Authentication: 202479666

Date: 05-03-17