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(Re	equestor's Name)	-
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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D. SCOTT JUL 2 6 2017



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Direct Dial Number 937-449-5787

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Glenn L. Bower C. Mark Kingseed William H. Seall Of Counsel

Shari A. Kolnicki

J. Bradford Coolidge 1886-1965

Hugh E. Wall, Jr. 1912-2001

Ronald S. Pretekin 1942-2011 VIA OVEDNICHT BELIV

July 19, 2017

VIA OVERNIGHT DELIVERY SERVICE UPS WAYBILL NO: 1ZX873422997103592

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Ensida Energy AFS, LLC, a Delaware limited liability company

Dear Sir/Madam:

Re:

Enclosed for filing on behalf of the above-referenced company are the following:

- Cover Letter;
- 2. Original and one copy of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida:
- 3. Certificate of Good Standing issued by the Delaware Secretary of State; and
- 4. Check in the amount of \$130.00 (filing fee and FL Certificate of Status).

Please return the approved Application and the Certificate of Status to me in the return overnight envelope provided herewith.

If you have any questions, please contact me at 937-449-5787. Thank you.

Very truly yours,

Martha M. Welch

Senior Corporate Paralegal

MMW/cml Enclosures

ce: Kristin A. Finch, Esq., w/o Enclosures

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COVER LETTER

TO:

Registration Section

Div	ision of Corporation	8				
CHD BOT.	Ensida Energy AFS,	LLC				
SUBJECT:			_imited Liabilit	y Company		-
		eign Limited Liability Comp I to register the above refere				
Please return	all correspondence c	oncerning this matter to the	following:			
	Martha M Welc	h				
		Na	nme of Person			•
	Coolidge Wall	Co., LPA				
		Fi	rm/Company	_		•
	33 W First Stree	et, Suite 600				
	<u> </u>		Address			-
	Dayton, OH 454	102				
	 -	•	late and Zip Co	de		•
	welch@coollaw.c					_
T. C. II.		E-mail address: (to be used	i for future ann	ual report no	tification)	
For further ii	itormation concerning	this matter, please call:				
Ma	rtha M Welch		937 at (449-53)_		_
	Name o	Contact Person	Area Co	de Da	ytime Telephone Number	
	ALING ADDRESS: ision of Corporations				<u>T ADDRESS:</u> of Corporations	
Registration Section				tion Section		
	. Box 6327			Clifton I		
Tall	ahassee, FL 32314				ecutive Center Circle see, FL 32301	
	check for the following fee	ng amount: \$\Begin{align*} \Begin{align*} a	☐ \$155.00 F Certified Cop		☐ \$160.00 Filing Fee, C of Status & Certified Co	
					S. Chille Aire	17 JUL

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: L Ensida Energy AFS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If name unavailable, enter alternate same adopted for the purpose of transacting business in Florida. The alternate same must include "Limited Liability Company," "L.L.C," or "LL.C.") (Jurisdiction under the law of which foreign limited hability company is organized) Upon qualification (Date first transcered business in Florida, if prior to regist (See sections 605 0904 & 605,0905, F.S. to determine per 5. 3556 SE Dixie Hwy 6. 2315 SW 32nd Avenue (Street Address of Principal Office) (Mailing Address) Stuart, FL 34997 Pembroke Park, FL 33023 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation , Florida 33324 ((Zv.) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager **Troy Eakins** 2315 SW 32nd Avenue Pembroke Park, FL 33023 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of seconds in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false imprimation submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817,155, P.S. Troy Eakins

Typed or printed states of signer

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:

	mene adopted for the purpose of transacting business in Flo	rids. The element seme must include "Limited	LinkStiry Company," "L.L.C," or "LLC."
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(Jurnidiction under the law of v	duch foreign limited hability company is organized)		mater, if applicable)
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·	(Date first assuranced business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration.)	-
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(Street Address of	Principal Office)	6. 2315 SW 32nd Avenue	
Stuart, FL 34997		Pembroke Park, FL 3302	•
· · · · · · · · · · · · · · · · · · ·			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	
	NRAI Services, Inc.	,	
Name:	THE OUT OF THE STATE OF THE STA		
Office Address:	1200 South Pine Island Road		
	Plantation	50704	
	(City)	, Florida 33324	
			and and the second state of the second
d accept the obligation:	s of my position as registered agent.	unu complete perjormance of m	y duties, and I am familiar
d accept the obligation:	s of my position as registered agent.	Δ	
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a accept the obligation:	s of my position as registered agent. Jacquisered agent v.	Oncher Asst.	Suretary
a accept the obligation:	Active and address of the person(s) who has	MASS /. Shave authority to manage is/are:	_Suretay
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The name, title or capa Title or Capacity: Manager se attachments if necess Attached is a certificate	Troy Eakins 2315 SW 32nd Avenue Pembroke Park. FL 33023	Ass./. Ass./.	Name and Address:
The name, title or capa Title or Capacity: Manager See attachments if necess Attached is a certificate sdiction under the law of	icity and address of the person(s) who has Name and Address: Troy Eakins 2315 SW 32nd Avenue Pembroke Park. FL 33023	Ass./. Ass./.	Name and Address:
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENSIDA ENERGY AFS, 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENSIDA ENERGY AFS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 202830985

Date: 07-05-17

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