## MICORESTO

(Ro	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

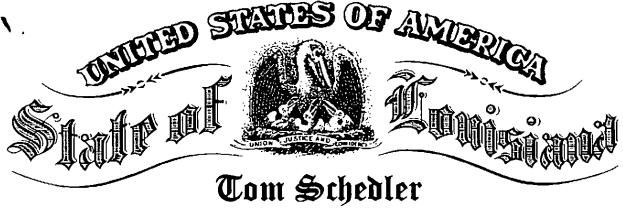
TO:

Registration Section

Division of Corporations
SUBJECT: SUMPTO SCHOR LLC  Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
MMC JUNES  Name of Person
SUMPRU SOLAR Firm/Company
22171 MCHRC
MMCVILLE, LA 70471  City/State and Zip Code
E-mail Address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Contact Person at (905) 882-7200 3
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
Enclosed js a check for the following amount:  \$\sum_{\mathbb{S}}\$125.00 Filing Fee  \sum_{\mathbb{S}}\$130.00 Filing Fee & \sum_{\mathbb{S}}\$155.00 Filing Fee & \sum_{\mathbb{S}}\$160.00 Filing Fee, Certificate of Status & Certified Copy  Certificate of Status & Certified Copy

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

(Name of Foreign Limited Liability Company: unset include "Limited Liability Company." "L.L.C." or "L.C."  (Name of Foreign Limited Liability Company: unset include "Limited Liability Company." "L.L.C." or "L.C."  (It is definited under the law of which foreign limited liability company is organized)  (Out first transacted business in Plorida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (Street Address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address Address A
(In salicinon under the law of which foreign limited liability  (In salicinon under the law of which foreign limited liability  (Date this transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  31344
(Imisdicin under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Successfrom 605,0904 & 605,0905, F.S. to determine penalty liability)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box MOT acceptable)  Name:  Office Address: 3 (City) (City) (Florida 1) (Zip code)  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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and Fam familiar with and accept the obligations of my position as registered agent.  (Registered agent segment and complete performance of my duties, and Fam familiar with and accept the obligations of my position as registered agent.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability)  (Successfrom 605.0904 & 605.0905, F.S. to determine penalty hability of the penalty hability of the penalty hability of the penalty hability of the place of the successfrom the above stated limited hability company at the place of the signature of this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and Fam familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)
(Date hist transacted business in Florida, if prior to registration.) (Sice sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Sineet Address of Principal Office)  (Nailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  (City)  (City)  Registered agent's acceptance:  (City)  (City)  (City)  (City)  (Registered agent and to accept service of process for the above stated limited liability company at the place designated in this application.) I further agree to complywith the provisions of all statutes relative to the proper and consolide performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Name and street address of Florida registered agent: (P.O. Box MOT acceptable)  Name:  Office Address:  Office Address:  (City)  (City)  (Florida 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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Office Address:    City   Florida   3 3   Company at the place
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(Registerel ago ('s signature)
Colored to the state of the sta
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
230 Sukan Kristen Court
Sharl ut Toylo
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 onth of the translator must be submitted)
/ Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

## SUNPRO SOLAR, L.L.C.

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 06, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 10, 2017

Secretary of State

Web 41810601K



Certificate ID: 10877569#DFT93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov