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(Requestor's Name)						
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(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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17 NOV 28 AN 8: 1:

J. LEGGETT

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 931022 7673228							
AUTHORIZATION Spells Remain							
COST LIMIT : \$ 155.00							
ORDER DATE: November 28, 2017							
ORDER TIME : 12:47 PM							
ORDER NO. : 931022-005							
CUSTOMER NO: 7673228							
FOREIGN FILINGS							
NAME: JINGOLI POWER, LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Roxanne Turner EXT# 62969							

EXAMINER:

COVER LETTER

TO:		stration Section sion of Corporation	15					
SUBJEC		Jingoli Power, LLC						
Name of Limited Liability Company								
The encl Existenc	losed e, and	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizat need foreign limit	tion to Trai ed liability	nsact Business in Florida," (company to transact busine	Certificate of ss in Florida.	
Please re	etum	all correspondence o	concerning this matter to the	following:				
		Bethany Rabe						
Name of Person								
	Jingoli Power, LLC							
Firm/Company								
	100 Lenox Drive, Suite 100							
		•		Address		•		
	Lawrenceville, NJ 08648							
City/State and Zip Code								
	brabe@jingoli.com							
		E-mail address: (to be used for future annual report notification)						
For furth	her in	formation concernin	g this matter, please call:					
Bethany Rabe			609 _ at (512-220	01			
		Name o	f Contact Person	Area Code	Day	time 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					
Enclosed		check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy		

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:

1. Jingoli Power, LLC	Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "L.	C.)			
	• • •					
(If name unavaslable, enter alternate n	ame adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")			
2 New Jersey		3 47-4132383				
	uch foreign limited liability company is organized)	(मंग	(FEI number, if applicable)			
Did not transact busine	ess in Florida prior to registration					
4	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	or to registration)				
5 100 Lenox Drive	(See Sections 003,0 N/A & 003,0 N/S, 1.3. to use	6. 100 Lenox Drive				
(Street Address of F	rincipal Office)	6. (Mailing Address)				
Suite 100		Suite 100				
Lawrenceville, NJ 086	48	Lawrenceville, NJ 08648				
7. Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	五 三 三 三 三 三			
Name:	Corporation Service Company		72			
Office Address:	1201 Hays Street		FILE NOV 28			
	Tallahassec	, Florida 32301				
designated in this applica to comply with the provisi and accept the obligation.	corporation Service Company By: (Registered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent (Registered agent) (Registered ag	of process for the above stated lim nt as registered agent and agree to per and complete performance of cont's signature)	act in this capacity. I further agree my duties, and I am familiar with Roxanne Turner Asst. Vice President			
(Lice attachments if neces	sary) * PLEASE SEE ATTA	CHED				
jurisdiction under the law of the translator must be s 10. This document is exec	of existence, no more than 90 days of of which it is organized. (If the certifubmitted) utted in accordance with section 605.0 the Department of State constitutes	ficate is in a foreign language, a trai	nstation of the certificate under oath			
	Michael D. Jingoli					

Typed or printed name of signer

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:

Vice President Philip E. Schuda

100 Lenox Dr, Ste 100 Lawrenceville, NJ 08648

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

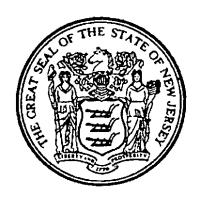
JINGOLI POWER, LLC 0400752403

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 29, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL D. JINGOLI 100 LENOX DRIVE SUITE 100 LAWRENCEVILLE. NJ 08648



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of November, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6084115969
Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp