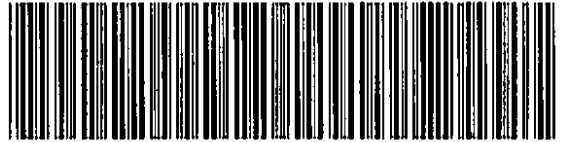


M18000003150



800310034968

03/08/18--01008--032 **96.25

04/02/18--01007--028 **58.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2018

TINA MAGILL
2009 MARKET ST
CAMP HILL, PA 17011

SUBJECT: THE INDEPENDENT GRID, LLC
Ref. Number: W18000023209

We have received your document for THE INDEPENDENT GRID, LLC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$58.75.

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00004825

RECEIVED

2018 MAR 29 PM 12:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE INDEPENDENT GRID, 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:

TINA I. MAGILL

Name of Person

CONTE WEALTH ADVISORS, LLC

Firm/Company

2009 MARKET STREET

Address

CAMP HILL, PA 17011

City/State and Zip Code

TMAGILL@CONTEWEALTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA MAGILL

at (717)

975-8800

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6527
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

2018 MAR 29 3:59
TALLAHASSEE
DIVISION OF CORPORATIONS
FLORIDA

FILED

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:

1. THE INDEPENDENT GRID, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. PENNSYLVANIA 3. 81-1295653
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. JANUARY 1, 2008
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2009 MARKET STREET 6. SAME
(Street Address of Principal Office) (Mailing Address)
CAMP HILL, PA 17011

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FRANK A. CONTE

Office Address: 8260 COLLEGE PKWY, SUITE 101

FORT MYERS, Florida 33919
(City) (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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

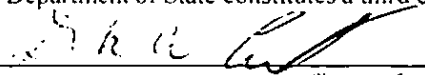
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR PARTNER</u>	<u>FRANK A. CONTE</u> <u>11205 SURREY PLACE</u> <u>FORT MYERS, FL 33913</u>	_____	_____
<u>MGR PARTNER</u>	<u>ANTHONY M. CONTE</u> <u>8697 OLINDA WAY</u> <u>UNIT 7601, FT MYERS FL</u>	_____	_____

(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 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 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 information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

FRANK A. CONTE
Typed or printed name of signee

FILED
 2010 MAR 29 P
 TALLAHASSEE, FL

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/03/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Independent Grid, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 29 P 3:58

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Certification Number: TSC180303100158-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>