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	CO	VER LETTER	
TO: Registration Section Division of Corporatio	ns		
BOW Renewables, SUBJECT:			
	Name of	Limited Liability C	Company
The enclosed "Application by Fo Existence, and check are submitted."	reign Limited Liability Com ed to register the above refer	pany for Authorizat enced foreign limit	tion to Transact Business in Florida," Certificate ed liability company to transact business in Flori
Please return all correspondence	concerning this matter to the	following:	
DANIEL BOL	Е		
	N	lame of Person	
BOW Renewa	bles, LLC		
	F	irm/Company	
205 NW 3RD	PLACE		
 -		Address	
CAPE CORA	, FL 33993		
	City/S	State and Zip Code	
DAN@BOWRF	NEWABLES.COM		
	E-mail address: (to be use	d for future annual	report notification)
For further information concerning	g this matter, please call:		
DANIEL BOLE		239 at (224-2353
Name o	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporation: 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 is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$\Bigsim \frac{1}{2} \frac{1}{3} \text{0.00 Filing Fee & Certificate of Status}\$	☐ \$155,00 Filing Certified Copy	g Fee & \$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, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	rane acusored for the number of instruction basiness of the		ed Liability Company," "L.L.C," or "LLC," a	
DELAWARE		2 82-4773067		
	hich foreign limited hability company is organized)	(FEI number, if applicable)		
	(Date first transacted business at Florida, if prior to	registration:)	 	
	(See sections 605 0904 & 605 0905, F.S. to determ	me penulty liability)		
205 NW 3RD PLACE		6. 205 NW 3RD PLACE	g Address)	
CAPE CORAL, FL 33	· · · · · · · · · · · · · · · · · · ·	CAPE CORAL, FL 33	_	
		<u></u>	Σ ₀ : Σ	
	em in in a mon	MOT 4 11 3	APR AHA	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptante)	R 2	
Name:	DANIEL BOLE		S	
	205 NW 3RD PLACE		PAR PAR	
Office Address:	· · • · ·		— · · · —	
Office Address:			C- N	
Office Address:	CAPE CORAL	, Florida <u>33993</u>	2: 0	
egistered agent's acceptiving been named as resignated in this applications	(City)	z) process for the above stated lim s registered agent and agree to	nited liability company at the ploact in this capacity. I further	
egistered agent's accep aving been named as re signated in this applica comply with the provis	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment a tions of all statutes relative to the proper	(2) process for the above stated lim s registered agent and agree to and complete performance of	nited liability company at the pi act in this capacity. I further	
egistered agent's accep aving been named as re signated in this applica comply with the provis ad accept the obligation	tance: gistered agent and to accept service of pation, I hereby accept the appointment aions of all statutes relative to the proper of my position as registered agent. (Registered agent)	(2) process for the above stated lim s registered agent and agree to and complete performance of	nited liability company at the pi o act in this capacity. I further my duties, and I am familiar w	
egistered agent's acceptiving been named as resignated in this application of accept the obligation. The name, title or capt	tance: gistered agent and to accept service of parties, I hereby accept the appointment at ions of all statutes relative to the proper of my position as registered agent. (Registered agent's acity and address of the person(s) who have	process for the above stated lims registered agent and agree to and complete performance of promotive) symmetry is/have authority to manage is/a	nited liability company at the pi act in this capacity. I further my duties, and I am familiar w	
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Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOW RENEWABLES, 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 NINETEENTH DAY OF APRIL, A.D. 2018.

Authentication: 202540005

Date: 04-19-18