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| (Re | equestor's Name) | | | | |
|---|------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ad | ldress) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: BlueSource, LLC or BlueSource Solar 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: | | | | |
| Jillian Newell Name of Person | | | | |
| Bluesource, LLC Firm/Company | | | | |
| 4025 Crpekstone Dr. Ste 130 | | | | |
| Durham, NC 27703 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Jillian Newell at (919) 883 - 5915 Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |



May 14, 2018

JILLIAN NEWELL 4625 CREEKSTONE DR STE 130 DURHAM, NC 27703

SUBJECT: BLUESOURCE SOLAR Ref. Number: W18000045299

We have received your document for BLUESOURCE SOLAR and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00009955

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A OF CORPONE

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. Bluesourc | Limited Liability Company; must include "Limited Liability Company; | bull lightlin Company "I 1 C " or "I 1 C " | |
|---|--|---|--|
| - · · · · · · · · · · · · · · · · · · · | ce Solar 110 | ice claumity company. E.E.C., or EEC.) | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in I | Florida. The alternate name must include "Limited Liab | thty Company," "L.L.C," or "LLC,") |
| 2. North Care | hich foreign lumited liability company is organized) | 3. <u>46-3076272</u> | er, if applicable) |
| (Jurisdiction under the law of w | nen toreign iumited nability company is organized) | (c E.i iimin | i, ii appikaoici |
| 4. 1115 W | (Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter | to registration.) | |
| 5 4105 Creek | string Dr. Ste 130 | 6. Samo | |
| (Street Address of I | rincipal Office) | (Mailing Addr | ess) |
| Durham, No | J 11 10 J | | |
| | | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | ox NOT acceptable) | 20 |
| Name: | Legalino componete Se | rvices Inc. | |
| Office Address: | 5237 Summerly Co | immons ste 400 | |
| | Fort Myers | , Florida <u>339</u> 0 | |
| Registered agent's accep | (City) | (Zip code | |
| Having been named as re | gistered agent and to accept service of | f process for the above stated limited | liability company at the place |
| designated in this applicate comply with the provise | tion, I hereby accept the appointment ions of all statutes relative to the prop | as registered agent and agree to act er and complete performance of my (| in this capacity, i juringr agre luties, and I am familiar with |
| | s of my position as registered agent. | | |
| | | | · · · · · · |
| | (Registered agent | ('s signature) | |
| · · · · · · · · · · · · · · · · · · · | acity 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: | Title or Capacity. | Name and Address. |
| O MEINDER | _ Jude Tallman | | |
| | 6504 Falconbino | lge . | |
| | Chapel Hill, NO 3 | 11012 | |
| | | | |
| | | | |
| (Use attachments if neces | - | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | e of existence, no more than 90 days old of which it is organized. (If the certific abmitted) | d, duly authenticated by the official ha cate is in a foreign language, a translat | ving custody of records in the ion of the certificate under oath |
| 10. This document is exec | cuted in accordance with section 605.02 | 203 (1) (b), Florida Statutes. I am awar | e that any false information |
| submitted in a document to | o the Department of State constitutes a | third degree felony as provided for in | 5.017.133, F.S. |
| | Signati | ure of an authorized person | |
| | , lillian R + | Jenjell | |
| | Турес | d or printed name of signee | |



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BLUESOURCE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of August, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of April, 2017.

Elaine J. Marshall

Secretary of State