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## **COVER LETTER**

TO:

TO:	Registr Division	ation Section n of Corporations	i				
~~.		ZEP-SC	DLAR LLC				
SUBJE	ECT:		Name of L	imited Liability C	ompany		
The end Existen	closed "A ice, and c	pplication by Fore heck are submitted	ign Limited Liability Compa to register the above referer	any for Authorizat accd foreign limite	ion to Tran ed liability	sact Business in Florida," company to transact busin	Certificate of ess in Florida.
Please	return all	correspondence co	oncerning this matter to the f	ollowing:			
		MARENA LOE	FFLER				
	Name of Person						
		ALLURE ACC	OUNTING, INC.				
	Firm/Company						
	3665 BONITA BEACH ROAD, STE 1-3						
	Address						
	BONITA SPRINGS, FL 34134						
	City/State and Zip Code						
	YBERTRAN@ALLURETAX.COM						
	E-mail address: (to be used for future annual report notification)						
For fu	rther info	rmation concernin	g this matter, please call:				
	MAR:	ENA LOEFFLER		239 at (	992-335	55	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	-
	Division Regist P.O. E	ing ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314	;		Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclo		heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co	

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

une unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC."
DELAWARE		3 98-1354464	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		umber, if applicable)
<u>-</u>	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	rtor to registration ) Setermine penalty liability)	
	COMMONS BLVD.,	6. 3665 BONITA BEACH	
(Street Address of I SUITE 102	Principal Office)	BONITA SPRINGS, FL	Address So & T
STUART, FL 34996		DONTA 31 (1143), FE	333
010/111/12/1000			- 100 m
Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	E 20
	ALLURE ACCOUNTING, INC.		· 65 13
Name:	·		SET 35
Office Address:	3665 BONITA BEACH ROAD, S		•
	BONITA SPRINGS	, Florida 34134 (Zip	
gistered agent's accep	(City)	(Ир	code)
omply with the provisi		ent as registered agent and agree to a oper and complete performance of n	
omply with the provisi	ions of all statutes relative to the pro s of my position as registered agent	oper and complete performance of n	
comply with the provision accept the obligations  The name, title or capa	ions of all statutes relative to the pross of my position as registered agent.  (Registered agent)  (Registered agent)	oper and complete performance of ment's signature)  no has/have authority to manage is/are	y duties, and I am familiar
comply with the provision accept the obligations  The name, title or capa  Title or Capacity:	ions of all statutes relative to the pross of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:	oper and complete performance of m	y duties, and I am familiar
omply with the provisi l accept the obligation: The name, title or capa	ions of all statutes relative to the pross of my position as registered agent.  (Registered agent)  (Registered agent)	oper and complete performance of ment's signature) no has/have authority to manage is/are Title or Capacity:	y duties, and I am familiar
omply with the provising accept the obligations.  The name, title or capa Title or Capacity:  AR	(Registered agents of my position as registered agents of my position as registered agents (Registered agents and address of the person(s) who Name and Address:  Kay Dahlke  3665 Bonita Beach Rd, S. Bonita Springs, FL 34134	oper and complete performance of ment's signature) no has/have authority to manage is/are Title or Capacity:	y duties, and I am familiar
comply with the provision accept the obligations  The name, title or capa  Title or Capacity:	(Registered agents of my position as registered agents of my position as registered agents (Registered agents and address of the person(s) who Name and Address:  Kay Dahlke  3665 Bonita Beach Rd, Stanta Springs, FL 34134  Christian Boehm	oper and complete performance of multiple of the signature)  no has/have authority to manage is/are  Title or Capacity:	y duties, and I am familiar
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZEP SOLAR, 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2018.

Authentication: 202600119

Date: 04-28-18