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COVER LETTER

TO: Registration Section Division of Corporations

Power Home Solar LLC

SUBJECT:

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:

Melissa Dekroon Name of Person DarrowEverett LLP Firm/Company One Turks Head Place, Suite 1200 Address Providence, RI 02903 City/State and Zip Code mdekroon@darroweverett.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Dekroon 401 453-1200 at (____ Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations** Division of Corporations **Registration Section** Registration Section P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Power Home Solar LLC

fræme unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flor	rido. The alternate rome naist a	nclude "Limited Liability Compa	ny," "LLC," or "LLC,
Delaware		3.		
(Jurisdiction under the faw of which foreign limited fability company is organized)		3. (FEI number, (l'applicable)		
upon registration				
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	registration) on penalty liability)		
·		6		
(Steet Address of Princips) Office) 919 N. Main St		<u>919 N. Mai</u>	(Mailing Address) 1) St	
Mooresville, NC 28115		Mooresville	NC 28115	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT_acceptable)		ARY OF S
Office Address:	101 N.E. Third Avenue			
	I-1_1 auderdate	, Floric		
	(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 I am familiar with and accept the obligations of my position as registered agent.

(Registered agent T

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> Title or Capacity:

me or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	Steve Murphy 919 N. Main St., Suite 200		
	Mooresville, NC 28115		
			····
			······································

(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. 1 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.

Melissa Dekroon

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POWER HOME 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 FOURTEENTH DAY OF JUNE, A.D. 2018.



KILLEN Y Uuria Secretary of State

Authentication: 202887870 Date: 06-14-18

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SR# 20185147568 You may verify this certificate online at corp.delaware.gov/authver.shtml