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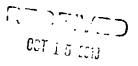
(Requestor's Na	me)
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Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	:

Office Use Only



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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2018

ROBERT ALTHUIS 5966 S. DIXIE HWY, SUITE 300 MIAMI, FL 33143

SUBJECT: WAYFARE SOLOR PB LLC

Ref. Number: W18000094566

We have received your document for WAYFARE SOLOR PB LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III 2018 NOV -5 PM 1: 53

Letter Number: 218A00022109全流

www.sunbiz.org

COVER LETTER

то:		ration Section on of Corporation	s					
SUBJE		Vayfare Solar PB L	LC					
JODJ1.	.01		Name o	f Limited Liability (Company			
					ation to Transact Business ited liability company to tra			
Please	return al	l correspondence c	oncerning this matter to th	e following:				
		Robert Althuis						
			Y	Name of Person				
		Wayfare Impac	t LLC					
				Firm/Company				
		5966 S. Dixie F	IWY, Suite 300					
				Address		<u> </u>		
		Miami, FL 331-	43					
		<u> </u>	City/	State and Zip Code				
		legal@wayfare.co	om					
For fun	ther info	rmation concerning	E-mail address: (to be us this matter, please call:	ed for future annua	l report notification)	1200 1200 1200 1200 1200 1200 1200 1200	AON BLOZ	,~,
	Rober	t Althuis		305 at (928-2601	HASSE	0V -5	
		Name o	f Contact Person	Area Code	Daytime Telephone	Number 🖴	₽	11
	Division Regist P.O. B	JNG ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301	STATE LOBIDA	1:53	
Enclose		neck for the following fee	ing amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee & S160.00 Fil of Status & Co		ficate	

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

IN COMPLANCE 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:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lia	ability Company	y," "L L C,"	or "LLC.")	
Delaware		3. 82-2087741	•	•		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)). (FEI num	ber, if applicab	ole)		
October 15th, 2018						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration) ne penalty liability)				
Wayfare Solor PB LL	С	6. Wayfare Solor PB LLC				
(Street Address of	•	(Mailing Add		-114	<u> </u>	
1020 Sunshine Lane, S	· · · · · · · · · · · · · · · · · · ·	1020 Sunshine Lane, Suite		35 		
Altamonte Springs, FL	. 32714	Altamonte Springs, FL 323	/14 		NOV	-
	201 11 1 10 10 10	NOT III		E SA HAS	V	 !
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		13.5. 1.3.5.	ហ	
Name:	Robert Althuis				P	<u> </u>
Office Address:	5966 S.Dixie Highway, Suite 300			101 115		
	Minmi	72117		224 225	ယ ပာ	
	Miami	, Florida <u>33143</u>		7>		
aving been named as resignated in this applicated in this application comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered agent and agree to act and complete performance of my	d liability of t in this ca	pacity. 1	l further	agree
esignated in this applicate comply with the provise and accept the obligation The name, title or cap	otance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's accity and address of the person(s) who ha	process for the above stated limited is registered agent and agree to act and complete performance of my signature.	d liability of t in this ca	pacity. 1	l further	agree
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aving been named as resignated in this applicated in this applicate comply with the provising accept the obligation. The name, title or cap Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: Robert Althuis 5966 S. Dixic Hivy, St. Micani, Fl. 33143 Arjen Althuis 5966 S. Dixie Hivy, Ste Micani, Fl. 33143	orocess for the above stated limited is registered agent and agree to act and complete performance of my signature. Is have authority to manage is are: Officer	d liability of in this cap duties, an	pucity. I d I am f and Ado Suurkask	I further amiliar <u>Iress:</u>	agree with
aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or cap Title or Capacity: OFFICE	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as relative to the proper is of my position as relative agent. (Registered agent's relative agent's relative and address of the person(s) who has a name and Address: Robert Althuis 5166 S. Dixic Hivy, St. Micrim, Fl. 33143 Arjen Althuis 5966 S. Dixic Hivy, Ste Micrim, Fl. 33143 essary) re of existence, no more than 90 days old, of which it is organized. (If the certificate	orocess for the above stated limited is registered agent and agree to act and complete performance of my signature. Signature: Officer 300 duly authenticated by the official has been approached by the official has been agreed as the content of the content o	Name: Alain S TCITY	and Add	Iress:	agree with

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WAYFARE SOLAR PB 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 SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAYFARE SOLAR PB LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203826334

Date: 11-02-18