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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I200000001	95			
	REFERENCE	:	819694	7905513			
	AUTHORIZATION	:	Junel of	ena			
	COST LIMIT	:	\$ 130.00	Na			
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### FOREIGN FILINGS

NAME: DYNAMIC ENERGY SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX\_\_\_\_\_
 PLAIN STAMPED COPY

 XX\_\_\_\_\_
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

Dynamic Energy Solutions, LLC SUBJECT:

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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:

Т	ony Orr					TALL	2019.	
		Nam	e of Person			AHA	2019 JUN 25	
D	ynamic Energy Solution	ons, LLC				SSEE		; []]
_	······	Firm	/Company				ΡĦι	$\overline{O}$
1	550 Liberty Ridge Driv	e, Suite 310				ORID	PM 4: 37	
	· · · · · · · · · · · · · · · · · · ·	Â	ddress			<u>_</u> `		
W	/ayne, PA 109087							
		City/State	and Zip Code					
ton	@dynamicenergy.com	)						
	E-mail	address: (to be used for	or future annual	report notific	ation)			
For further informat	ion concerning this ma	tter, please call:						
Tony Orr		g	484 it (	323-1152				
	Name of Contac		Area Code		e Telephone N	lumber		
Division of	ADDRESS: Corporations			STREET A	Corporations			
Registratio P.O. Box 6 Tallahassee				Registration Clifton Build 2661 Execut Tallahassee,	ling ive Center Circ	cle		
	a check for the follow e check payable to: FI		ENT OF STA	ГE				
_	· · ·	130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy		0 Filing F us & Certi	•	

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#### 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. Dynamic Energy Solutions, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Pennsylvania		80-0379632				
(Jurisdiction under the law of which foreign limited liability company is organized)	3.		<u></u>	201		
(Jonsakilon akkei ne taw of which foreign minico hubinity company is organized)		(FE) sumber, if a		61		
June 24, 2019			AH	ND		
June 24, 2013			AS	2 2		
(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ		o registration ) nine cenalty hability)		Š		
			<u> </u>	PH		
1550 Liberty Ridge Drive	6.	1550 Liberty Ridge Drive	$\mathbb{H}_{\mathcal{O}}$	<b>x</b>		
(Stree: Address of Principel Uffice)	(Mailing Addres			<u> </u>	-	
0.14-040		0.11.040	LURIDA	37		
Suite 310		Suite 310				
Wayne, PA 19087		Wayne, PA 19087				

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	32301 , Florida
	(C:ty)	, FIOIIda(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.

Roxanne Turner Corporation Service Company By: Asst. Vice President (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	🗋 Manager	Name: Tony Orr
Member	Address:	Member	Address:
Authorized	Suite 310	Authorized	Suite 310
Person	Wayne, PA 19087	Person	Wayne, PA 19087
Other	Other	Other	Other
Manager Member Authorized Person	Name: Brett Thibodeau Address: 1550 Liberty Ridge Drive Suite 310 Wayne, PA 19087 Dther	<ul> <li>Manager</li> <li>Member</li> <li>Authorized</li> <li>Person</li> <li>Other</li> </ul>	Address: Suite 310 Wayne, PA 19087 Wayne, PA 19087 Belter 1 Belter 1 Belte
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

10yth Signature of an authorized person

Tony Orr

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

#### 06/24/2019

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**Dynamic Energy Solutions, LLC** 

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, tax and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190624151445-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify