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(Req	uestor's Name)			
(Add	ress)			
bbA)	ress)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
W19-10	2589			

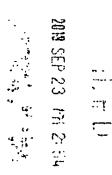




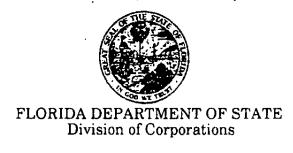
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SEP 25 2019 **M.** SOLOMON



September 10, 2019

MARVIN PARKER 401 WESTERN LANE SUITE 10D&E IRMO, SC 29063

SUBJECT: POLY ENERGY LLC Ref. Number: W19000062589

We have received your document for POLY ENERGY LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The proper filing forms were not included with the check for the remaining balance due. Please submit the enclosed forms with a copy of this letter at your earliest convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 919A00013721

RECEIVED SEP 2 3 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2019

MARVIN PARKER 401 WESTERN LANE SUITE 10D&E IRMO, SC 29063

SUBJECT: POLY ENERGY LLC Ref. Number: W19000062589

We have received your document for POLY ENERGY LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

There is a balance due of \$51.25.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter*Number: 919A00013721

www.sunbiz.org

www.suiibiz.org

COVER LETTER

TO:	Registration Section Division of Corporation	18					
	Poly Energy L	LC					
SUBJ	ECT:				_		
		Name of L	imited Liability (Company			
				tion to Transact Business in Florida, ted liability company to transact busi			
Please	return all correspondence of	concerning this matter to the	following:				
	Lorraine T	Lorraine Too					
	<u> </u>	Na	ime of Person		_		
	Poly Energ	Poly Energy					
		Fir	rm/Company		-		
	401 Wester	401 Western Lane Suite 10 D&E					
	-		Address		_		
	Irmo SC 29	Irmo SC 29063					
	hello@mypol	City/St yenergy.com	ate and Zip Code		-		
		E-mail address: (to be used	for future annual	report notification)	-		
For fin	rther information concernin	o this matter inlease call:					
	Maria Vaccaro	5 ms maner, preuse eem	855	497-6527			
			at (1			
	Name o	of Contact Person	Area Code	Daytime Telephone Number	_		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	Enclosed is a check for the Please make check payal \$125.00 Filing Fee	he following amount: ble to: FLORIDA DEPART S130.00 Filing Fee & Certificate of Sta	s 155.00		; Fee. Certificate rtified Copy		

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Poly Energy LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.E.C." or "LLC.") 81-4890438 Utah (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 04-29-19 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 401 Western Lane Suite 10 D&E Irmo SC 29063 (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Maria Vaccaro Name: 1544 Mainsail Drive Unit 6 Office Address: 34114 Naples 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. Maria Vaccaro

(Registered accessos assessment)

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and a s) total):	ddresses of the primary m	embers/managers or persons authorized to
Title or Capacity:	<u>Name and Address:</u> Marvin Parker	Title or Capacity:	Name and Address: Maria Vaccaro
Manager	Name: 384 Barnevelder Drive	Manager Manager	Name: 1544 Mainsail Dr Unit 6
X Member	Address: Lexington SC 29072	Member	Address:Naples FL 34114
Authorized		X Authorized	
Person		Person	
Other	Other	Other	Other
☐Manager	Moana Parker Name:	☐ Manager	Lorenzo Parker
∑ Member	Name: 325 Twin Eagles Dr Address:	X Member	Name:
Authorized	Address:Columbia SC 29203	☐ Authorized	Address:
Person		Person	· 12
Other	Other	Other	- 60
Manager	Name:	Manager Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under the of the translator must 10. This document is	is executed in accordance with section 605,020, ment to the Department of State constitutes a th	orida Department of State duly authenticated by the e is in a foreign language. 3 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath I am aware that any false information

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/17/2019 10215165-016009172019-829468

CERTIFICATE OF EXISTENCE

Registration Number: 10215165-0160

Business Name: POLY ENERGY LLC **Registered Date:** January 06, 2017

Entity Type: LLC - Domestic

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Eym Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code