

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400347718954



7/20/20 US CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 335457 7547421

AUTHORIZATION : Spelle Common

COST LIMIT : \$ 125.00

ORDER DATE: June 25, 2020

ORDER TIME : 9:0 AM

ORDER NO. : 335457-001

CUSTOMER NO: 7547421

FOREIGN FILINGS

NAME: BRYAN POWER GENERATION

SOLUTIONS GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	ECT:	e of Limited Liability Company				
	Nam	e of Limited Liability Company				
	closed "Application by Foreign Limited Liability nce, and check are submitted to register the above					
Please	return all correspondence concerning this matter t	to the following:				
		Name of Person				
	•	· · · · · · · · · · · · · · · · · · ·				
	Address					
		City/State and Zip Code				
	E-mail address: (to b	e used for future annual report notificat	ion)			
For fu	ther information concerning this matter, please ca	di:				
		at ()				
	Name of Contact Person	Area Code Daytime	Telephone Number			
	Mailing Address:	Street Address:				
	Registration Section	-				
	Division of Corporations Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee	2. 910			
	Tallanassee, FL 32314	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🗆	\$160.00 Filing Fee, Certificate			

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:

	NERATION SOLUTIONS GROUP Limited Liability Company; must include "Lim		y Company," "L.L.C	.," or "LLC.")			_
		·					
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business is	n Florida, The	alternate name must in	clude "Limited Lisb	ility Company,	" "IL.C." o	r"LLC.")
Colorado 2.		2				7	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	Э.		(FEI number,	if applicable)	(-
Upon filing						Cart.	
•	(Date tirst transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration rmane penalty	n.) liability)		 · .	- 13	: '
7025 Campus Drive		6					
(Street Address of Principal Office)		0.	(Mailing Addre	est)		ي. منت	_
Colorado Springs, CO 80920			Colorado Springs, CO 80920				
7. Name and street address	s of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)				
Name:	Corporation Service Company						
Office Address:	1201 Hays Street	1					
	Tallahassee		. Florida	32301			
	(City)		,0.104	(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's signature)

Amanda Robinson Asst. Vice President

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: Joe Delich Name: _____ Name: □ Manager 7025 Campus Drive □ Member Address: ■ Member Colorado Springs, CO 80920 □ Authorized ☐ Authorized Person Person Other Other____ □Other Vince Shoemaker □Manager □Manager 7025 Campus Drive **■**Member □Member Address: ____ Colorado Springs, CO 80920 ☐ Authorized ☐ Authorized Person Person Other____ Other Other____ Name: _____ Name: _____ □ Manager □ Manager Address: □Member □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. Nonindexed 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. I am aware that any false information submitted in a document to the Department of Arrive constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Vince Shoemaker

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Bryan Power Generation Solutions Group, LLC

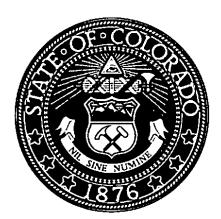
is a

Limited Liability Company

formed or registered on 10/12/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121567619.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/19/2020 that have been posted, and by documents delivered to this office electronically through 06/23/2020 @ 09:54:58

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/23/2020 @ 09:54:58 in accordance with applicable law. This certificate is assigned Confirmation Number 12420382



Secretary of State of the State of Colorado

**************End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."