

8/16/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**MA000008103**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (800)944-6607

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: STATREP@COGENCYGLOBAL.COM

**Foreign Limited Liability Company**  
**NewFields Renewable Energy & Technical Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

SEP 17 2020

Electronic Filing Menu

Corporate Filing Menu

Help

H 2 0000 323156 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NewFields Renewable Energy & Technical Services, LLC**  
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:

Jennifer W. Rosenberg  
Name of Person

NewFields Companies, LLC  
Firm/Company

1349 West Peachtree St. NW, Suite 1950  
Address

Atlanta, GA 30328  
City/State and Zip Code

STATREP@COAGENCYGLOBAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Rosenberg at (404) 347-9050 x 735  
Name 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 following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

H 2 0000 323156 3

H 2 0000 323156 3

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. NewFields Renewable Energy & Technical Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(after registration)  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6812 N. Oracle Road  
(Street Address of Principal Office)

6. 1349 West Peachtree St. NW  
(Mailing Address)

#138

Suite 1950

Tucson, AZ 85704

Atlanta, GA 30309

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

Christa Mary Asst. Secy.  
(Registered agent's signature)

H 2 0000 323156 3

H 2000032356 3

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:**  
☒ Manager Name: NewFields Companies, LLC  
☐ Member Address: 1349 West Peachtree St. NW  
☐ Authorized Suite 1950  
 Person Atlanta, GA 30309  
☐ Other                      ☐ Other                     

☐ Manager Name: Eric J. Salnas  
☐ Member Address: 1349 West Peachtree St. NW  
☒ Authorized Suite 1950  
 Person Atlanta, GA 30309  
☒ Other CFO/Treasurer ☐ Other                     

☐ Manager Name: Frank Eliopoulos  
☐ Member Address: 6812 N. Oracle Rd.  
☐ Authorized #138  
 Person Tucson, AZ 85704  
☒ Other President ☐ Other                     

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: Patrick C. Gobb  
☐ Member Address: 1349 West Peachtree St. NW  
☒ Authorized Suite 1950  
 Person Atlanta, GA 30309  
☒ Other CEO ☐ Other                     

☐ Manager Name: Brigitte M. Carlson  
☐ Member Address: 1349 West Peachtree St. NW  
☒ Authorized Suite 1950  
 Person Atlanta, GA 30309  
☒ Other General Counsel/Secretary ☐ Other                     

☐ Manager Name:                       
☐ Member Address:                       
☐ Authorized                       
 Person                       
☐ 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. I 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.

Pat C Gobb  
 Signature of an authorized person

Patrick C. Gobb

Typed or printed name of signer

H 2000032356 3

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWFIELDS RENEWABLE ENERGY & TECHNICAL SERVICES, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWFIELDS RENEWABLE ENERGY & TECHNICAL SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2015.

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



5786853 8300

SR# 20207309793

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203669812

Date: 09-16-20

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