## M20000 11313

(R	equestor's Name)	
(A	ddress)	
(A·	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(Di	ocument Number)	<del> </del>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



700356215187



PILED

2028 DEC -8 ANIO III

SECANO SECULO S

K Bunuples

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 542869 7598105

AUTHORIZATION :

COST LIMIT : \$ 125\.00

ORDER DATE : December 8, 2020

ORDER TIME : 1:13 PM

ORDER NO. : 542869-005

CUSTOMER NO: 7598105

-----

## FOREIGN FILINGS

NAME: STERLING UTILITIES LLC

 $\underline{XXXX}$  QUALIFICATION (TYPE:  $\underline{LL}$ )

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sterling Utilities LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability (	Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The al	ternate name must include "Limited Lic	ability Company," "L.L.C," or "I	ĹIC")
Delaware 2.			85-3897 <b>22</b> 3		
2. (Burisdiction under the law of which foreign limited liability company is organized)		ے. ۔	5		
4	(Date first transacted business in Florida, if prior to tSee sections 605.0904 & 605.0905, F.S. to determ	registration)			
3573 Lago de Talave 5. (Street Address of Principal Office)	era	3	3573 Lago de Talavera  (Mailing Address)		-
Wellington FL 33467			Wellington FL 33467		
7. Name and street addres	s of Florida registered agent; (P.O. Box	_ : <u>NOT</u> ac	cceptable)	REAL DE	
Name:	Corporation Service Company			- CO	
Office Address:	1201 Hays Street			AH IQ: 1	
	Tallahassee		32301 , Florida		
	(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.

By: Separate & Foliage (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Dawn Paris □Manager Name. Manager 3573 Lago de Talavera ☐ Member Address: Address: □Member Wellington FL 33467 □ Authorized □ Authorized Dawn Paris Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other ...\_\_\_\_\_ Other\_\_\_ Name: \_\_\_\_\_ ☐Manager Name: \_\_\_\_\_ ☐Manager Address: \_\_\_\_\_ □ Member Address: \_\_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_ □Other\_\_\_\_\_ □Other\_ Name: \_\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Address: □Member Address: \_\_\_\_\_ □Member □ 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 State constitutes a third degree felony as provided for in s.817.155, F.S. Dawn Paris, Manager

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "STERLING UTILITIES 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 EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STERLING
UTILITIES LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D.
2020.

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

Authentication: 204259115

Date: 12-08-20