

M2200000788

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(Address)

(City/State/Zip/Phone #)

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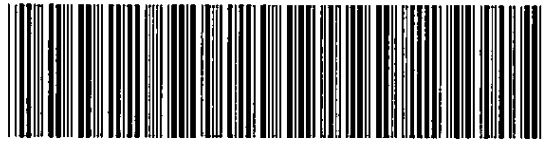
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DATE: 1/14/2022

NAME: KRANNICH SOLAR FLORIDA, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KRANNICH SOLAR FLORIDA, 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:

DEVORA NEALY
Name of Person
SMITH, GAMBRELL & RUSSELL, LLP
Firm/Company
1105 W. PEACHTREE STREET NE, SUITE 1000
Address
ATLANTA, GA 30309
City/State and Zip Code
DNEALY@SGRLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVORA NEALY 404 815-3500
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 800 S. RONALD REAGAN BLVD. 6. 800 S. RONALD REAGAN BLVD.
(Street Address of Principal Office) (Mailing Address)

LONGWOOD, FL 32750

LONGWOOD, FL 32750

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

APPROVED
AND
FILED
2022 JAN 14 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jennifer Parks JENNIFER PARKS, ASSISTANT SECRETARY
(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:**

☐ Manager Name: KRANNICH SOLAR, INC.

☒ Member Address: 75 Twinbridge Drive, Suite H

☐ Authorized Person Pennsauken, NJ 08110

☐ Other ☐ Other

☐ Manager Name: Thomas H. Hong

☐ Member Address: 1105 W. Peachtree Street NE

☒ Authorized Suite 1000

☐ Other Person Atlanta, GA 30309

☒ Other Secretary ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Andy Bogner

☐ Member Address: 75 Twinbridge Drive, Suite H

☐ Authorized Person Pennsauken, NJ 08110

☒ Other President ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

☐ Other Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

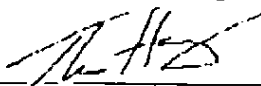
☐ Other Person _____

☐ 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.



Signature of an authorized person

Thomas H. Hong

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRANNICH SOLAR FLORIDA, 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRANNICH SOLAR FLORIDA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6389636 8300

SR# 20220130173

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202400192

Date: 01-14-22