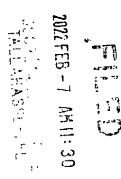
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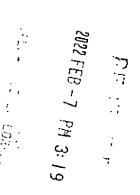
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Certified Copies	Certificates	of Status
Special Instructions to Filing (	<del></del> Officer:	
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S. ROBERTS FEB 0 7 2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>02/07/2022</u>	<del>-</del>	**WALK IN
ENTITY NAME Flux ca	arbon starter fund,	llc
DOCUMENT NUMBER		
	**PLEASE FILE	THE ATTACHED AND RETURN**
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	5
	Certified Copy of Ar Certified Copy of Ar Certificate of Statas	rts & Amendments Complete File (Inclading Annual Reports)
	**APOSTILLE',	/ NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT		
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$ 125		ACCOUNT # 120140000108 United Corporate  Services, Inc.  Thank you so much!
Please call Tina at ti	he above number for	r any issues or concerns. Thank was so much

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	arme adopted for the purpose of transacting business at the	lorida. The alternate nar	ne must include "Limited Liability)	Company," "L.L.C." or "I.L.C.")
Dolowara				
Delaware  (Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	(FU number, if a	pplicable)
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) ine penalty hability)		-
1451 Brickell Ave	nue, Apartment 5201	6. 1451 (Max	Brickell Avenue, Ap	partment 5201
Miami, FL 33131		Miami	, FL 33131	
Whath, FE 33131		141101111	, 1 2 33 13 1	
			<del></del>	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptab	ie)	2022 FI
Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptab	ie)	2022 FEB -
Name and street address Name:	ss of Florida registered agent: (P.O. Box Kevin Kreisler	c <u>NOT</u> acceptab	ie)	-7
			ie)	-7
Name:	Kevin Kreisler	nt 5201	Florida 33131	-7 AK

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)

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:
⊠Manager	Name: Kevin Kreisler	□Manager	Name;
□Member	Address: 1451 Brickell Avenue, Apartment 5201	□Member	Address:
□Authorized	Miami, FL 33131	Li Authorized	
Person		Person	
Other	□ Other	Other	Other
ElManager	Name:	□Manager	Name:
□Member	Address:	⊡Member	Address:
☐ Authorized		☐ Authorized	•
Person		Person	
□Other	□Other	□Other	□Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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) (h), 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 porsin	
Kevin Kreisler		
	Typed or printed name of signee	

## <u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLUX CARBON STARTER FUND, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLUX CARBON STARTER FUND, LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2012.

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



Jeffrey W. Budioch, Secretary of State

Authentication: 202591027