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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

2022 MAY -4 AM 9:07

2022 MAY -4 PM 4:19

**Foreign Limited Liability Company**  
**Lieef Real Estate Energy Partners LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN

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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. LIEEF REAL ESTATE ENERGY PARTNERS 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

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

3. (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. (Street Address of Principal Office)

C/O Thomas Bencivengo, 32 Frost Street,

Brooklyn, NY, US, 11211

6. (Mailing Address)

C/O Thomas Bencivengo, 32 Frost Street,

Brooklyn, NY, US, 11211

2022 MAY -4 PM 4:19

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

Name. LEGALINC CORPORATE SERVICES INC.

Office Address. 5237 SUMMERLIN COMMONS BLVD, STE 400

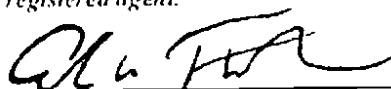
FORT MYERS

(City)

Florida 33907  
(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)

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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].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name. Thomas Bencivengo	<input checked="" type="checkbox"/> Manager	Name. Lieef LLC
<input type="checkbox"/> Member	Address. C/O Thomas Bencivengo	<input type="checkbox"/> Member	Address. 16101 Murphy Ave
<input type="checkbox"/> Authorized	32 Frost Street,	<input type="checkbox"/> Authorized	Unit 16147
Person	Brooklyn, NY, US, 11211	Person	Irvine, CA, US, 92606
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name. Caleb Stokes	<input checked="" type="checkbox"/> Manager	Name. TEC PARTNERS LLC
<input checked="" type="checkbox"/> Member	Address. C/O Thomas Bencivengo	<input checked="" type="checkbox"/> Member	Address. C/O Thomas Bencivengo
<input type="checkbox"/> Authorized	32 Frost Street,	<input type="checkbox"/> Authorized	32 Frost Street,
Person	Brooklyn, NY, US, 11211	Person	Brooklyn, NY, US, 11211
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name. Brendan Cody	<input checked="" type="checkbox"/> Manager	Name. Kris Knecht
<input checked="" type="checkbox"/> Member	Address. C/O Thomas Bencivengo	<input checked="" type="checkbox"/> Member	Address. C/O Thomas Bencivengo
<input type="checkbox"/> Authorized	32 Frost Street,	<input type="checkbox"/> Authorized	32 Frost Street,
Person	Brooklyn, NY, US, 11211	Person	Brooklyn, NY, US, 11211
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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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.

Thomas Bencivengo  
Signature of an authorized person.

Thomas Bencivengo

Typed or printed name of signer

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# Delaware

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The First State

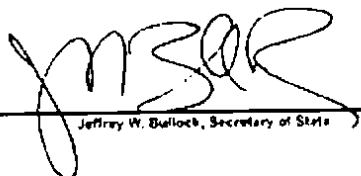
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIEEF REAL ESTATE ENERGY PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIEEF REAL ESTATE ENERGY PARTNERS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20221765679

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

Authentication: 203338564

Date: 05-04-22

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