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COVER LETTER

SUBJECT: _	lest Energy Ro	duction Technologies, LLC	
30bjEC1		Name of Limited Liability Company	
		Foreign Limited Liability Company for Authorization to Transact Business in Florida, nitted to register the above referenced foreign limited liability company to transact busi	
Please return al	ll corresponder	ice concerning this matter to the following:	
	Regina Bol	es	
		Name of Person	
	Best Energ	y Reduction Technologies, LLC	
		Firm/Company	
	840 First A	ve, Suite 200	
		Address	
	King of Pro	ssia, PA 19406	202
		City/State and Zip Code	7.
	rboles@bertb	prain.com	2021: :27
		E-mail address: (to be used for future annual report notification)	- F:
For further info	ormation conce	rning this matter, please call:	
Regin	a Boles	484 690-3818	و ل نت _ا
	Nar	ne of Contact Person Area Code Daytime Telephone Number	
	ng Address:	Street Address:	
_	stration Secti		
	sion of Corpo	<u>.</u>	
P.O. Box 6327		The Centre of Tallahassee	
Talla	hassee, FL 3	2314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		br the following amount:	
	25.00 Filing Fe	ayable to: FLORIDA DEPARTMENT OF STATE By Standard Stand	

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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bost Financy, Reduction Tochnologies, LLC.

(Name of Foreign I	imited Liability Company, must include "Limited	Liabilit	y Company," "L. L.C.," or "LLC.")	
f name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida The	afternate name must include "Limited Liability	Company," "L.L.C," or "LLC
Delaware	ch foreign limited liability company is organized)	3.	27-2622849 (FEI number, if a	
12/01/2022	en totolga manico habitity company is organized)		(r.n. number, tra	ррисаоте ј
	(Date first transacted business in Florida, if prior to n (See sections 605,0%) & 605,0905, F.S. to determin	egistration re penalty	n) liability)	_
(No office in F1 -	work from home employee)	6.	840 First Ave Suite 200	
-V _	·	0.	(Mailing Address) King of Prussia, PA 19406	202
Byo first	An Strzoo		Teling Of Francisco	
King of Prus	sia PA 19406			27
	of Florida registered agent: (P.O. Box	NOT a	acceptable)	₹
Name:	C T Corporation System			: 0,6
Office Address:	200 South Pine Island Road			
	Plantation		33324 , Florida _	_
	(Cuy)		(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)

Kimberly Bowens, Asst. Secretary

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: Title or Capacity: Name and Address: Name and Address: Name: Daniel J Gorge Robert L Burch Name: ■Manager □Manager 840 First Ave 840 First Ave ■ Member Address □Member Suite 200 Suite 200 □ Authorized □ Authorized King of Prussia, PA 19406 King of Prussia, PA 19406 Person Person Other____ □Other_ _ □Other______ □Other_______ □Manager Name: □Manager Name: _ Address: ____ □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other_= Other___ □Other Other____ □Manager □Manager Name: ____ Name: □Member Address: _____ 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.

Typed or printed name of signee

Daniel J Gorge

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEST ENERGY REDUCTION TECHNOLOGIES,

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 NOVEMBER, A.D. 2022.

11:17 by 15:11:00



Authentication: 204779770

Date: 11-04-22

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