## Email Address:\_ Foreign Limited Liability Company PATRIOT POWER COMPANY LLC

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Page 10f6 H23000 222018

Florida Department of State

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(((H23000222018 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013

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Pase 2 of 6 H23000 B22018

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	PATRIOT POWER COMPANY LLC					
Name of Limited Liability Company						
The enclose Existence	osed "Application by Foreign Limited Liabilit e, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of c referenced foreign limited liability company to transact business in Florida.				
Please re	eturn all correspondence concerning this matter	r to the following:				
	Annette Mota					
		Name of Person				
	API Processing-Licensing, Inc.					
	Firm/Company					
	3419 Galt Occan Drive Suite A					
	Address					
	Fort Lauderdale FL 33308					
	·	City/State and Zip Code				
	annette@apiprocessing.com					
	E-mail address: (to l	be used for future annual report notification)				
For furthe	er information concerning this matter, please c	all;				
Annette Mota		954 567-0013 x 12				
_	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
•	Tallaliaosec, FQ J2514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMEN'T AR OTATE				
ŝ	≅ \$125.00 Filing Fee  \$130.00 Filing Fe  Certificate	ee & 🖸 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate				

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	anne adopted for the purpose of transacting business in Flor	idn. The alternate name must include "Limited Liability Company," "LLC	," or "I	
DELAWARE (Jurisdiction under the law of which foreign limited Hability company is organized)		88-2816986 3. (FET number, if applicable)		
<del></del>	(Date first transacted business in Florida, if prior in reg (See sections 605.0904 & 605.0905, F.S. to determine	ristration.)		
6155 NORRIS ROA		16155 NORRIS ROAD		
cct Address of Principal Office)		6. (Mailing Address)		
ELLINGTON FL 3	3470	WELLINGTON FL 33470		
	3470 ss of Florida registered agont: (P.O. Box )		_ _	
VELLINGTON FL 3.  Tame and street address  Name:			2023 JUH	
ame and street addre	ss of Florida registered agont: (P.O. Box )			
ame and street addre	ss of Florida registered agont: (P.O. Box )		2023 JUN 21 FFI 3	

(Registered agent's signature)

Page 5 of 4 H23000222018

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:	
■Manager	Name: DAVID CURCI	Manager	Name: BRUCE KEMP
□Member	Address: 470 3RD. S STREET	□Member	Address: 18155 SE RIDGEVIEW DRIV
□Authorized	UNIT 218 ·	□Authorized ·	TEQUESTA FL 33469
Person	ST PETERSBURG, PL 337014	Person	
Other	Other	Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	.    Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
□Other	Other	□ Other	☐ Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Mcmber	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	Other	Other
9. Attached is a certi	se an attachment to report more than six (6).  may be added to the index when filing your)  ficate of existence, no more than 90 days old  t law of which it is organized. (If the certific  t be submitted)	Florida Department of State.	Annual Report form.
10. This document is submitted in a docum	executed in accordance with section 605.02 tent to the Department of State constitutes a tention of the constitutes as the constitute of the constitutes as the constitute of the constitute	hird degree felony as provid	am aware that any false information ed for in s.817.155, F.S.
		TID CURCI	i

Typed or printed name of signes

## Delaware The First State

Page 60f6 H23000222018 Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PATRIOT POWER COMPANY 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 EIGHTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATRIOT POWER COMPANY LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203163526

Date: 04-18-23