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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please. Email Address:______

Foreign Limited Liability Company YEC Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

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:

YOUR ELECTRIC COMPANY, LLC.

YEC Group LLC				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "ELC,")	
Washington	thich (oreign limited liability company is organized)	3. (FEU numbe	or II similia della	
DATE CONTRACTOR GOVERNMENT	anea (areign moreo maranta compinis is organisera)	II IA NORMA	п паррасовие)	
4	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, E.S. to determine	egistration.)		
	(See sections 605 D904 & 605 0905; F.S. to determine	ne penalty liability)		
7901 4th St N STE 300 5.		7901 4th St N STE 300		
(Street Address of Principal Office)		(Mailing Address)		
St. Petersburg, FL 33702		St. Petersburg, FL 33702		
			202 S 5	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 JUL SECRE	
Name:	Northwest Registered Agent LLC		一 流 の 間	
	7901 4th St N STE 300			
Office Address:	7-901 #(I) \$(N \$1C \$00		9: 14 9: 14	
	St. Petersburg	, Florida ³³⁷⁰²	A PARTY	
	(City)	, FIOFICA 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 grent'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:	□Manager	Name:
⊠Member	Address: 7901 4th St N STE 300	₩Member	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg, FL 33702	□Authorized	St. Petersburg, FL 33702
Person		Person	
□Other	Other	□ Other	Other
□Manager	Name:	□Munager	Name:
□Member	Address:	□Member	Address:
□Authorized		□A uthorized	
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) (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.

	ADM SMARW	
	Signature of an authorized person	
Nat Smith		
	Lyped or named name of signee	



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

YOUR ELECTRIC COMPANY, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/29/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date; 06/28/2023 UBI Number: 603 539 429



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

ten R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued, 06-28-2023.