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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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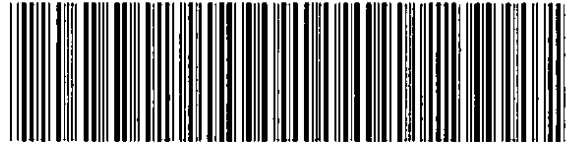
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 SEP -5 AM 10:25
TALLAHASSEE, FL
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

Pro Terra Solar Technologies LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William Beliles

Name of Person

Pro Terra Solar Technologies LLC

Firm/Company

620 N Woodlawn Blvd,

Address

Derby, Kansas 67037

City/State and Zip Code

stateregistration@goterracompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Mattox

Name of Contact Person

at (844) 4776786 x713

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Pro Terra Solar Technologies 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. Kansas

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

3. 882801516

(FEI number, if applicable)

4. Have not yet transacted business in FL

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 620 N Woodlawn Blvd

(Street Address of Principal Office)

6. 620 N Woodlawn Blvd

(Mailing Address)

Derby, KS 67037

Derby, KS 67037

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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.

Daniel J. Giers

(Registered agent's signature)

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TALLAHASSEE FL

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:**

☒ Manager Name: William Beliles

☒ Member Address: 620 N Woodlawn Blvd,

☐ Authorized Derby KS, 67037

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sterling Condit

☒ Member Address: 620 N Woodlawn Blvd,

☐ Authorized Derby KS, 67037

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Mike Terhune

☒ Member Address: 620 N Woodlawn Blvd,

☐ Authorized Derby KS, 67037

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Mattox

☐ Member Address: 620 N Woodlawn Blvd,

☒ Authorized Derby KS, 67037

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ Other _____

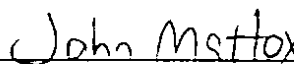
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person



Typed or printed name of signer

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business Entity ID Number: 7539695

Entity Name: PRO TERRA SOLAR TECHNOLOGIES LLC

Entity Type: KANSAS LIMITED LIABILITY COMPANY

State of Organization: KANSAS

was filed in this office June 14, 2022,
and is in good standing,
having fully complied with all requirements of this office.

No information is available from this office regarding the
financial condition, business activity or practices of this entity.



In testimony whereof:
I execute this certificate
and affix the seal of the
Secretary of State of the state of Kansas
on this day of August 7, 2023.

Scott Schwab

SCOTT SCHWAB
KANSAS SECRETARY OF STATE