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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: shalene.burnside@intl.gov

Foreign Limited Liability Company BATTELLE ENERGY ALLIANCE LLC

Certificate of Status	0
Certified Copy	1
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 28 2023

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T. LE. TUX

SEP 28 2023

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 061.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. BATTELLE ENERGY ALLIANCE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware

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

3. 68-0588324

(E.F. number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration;
(See sections 005.0904 & 005.0905, F.S. to determine penalty liability)

5. 2525 N. Fremont Ave., MS 3899

(Street Address of Principal Office)

6. PO Box 1625, MS 3899

(Mailing Address)

Idaho Falls, ID 83415

Idaho Falls, ID 83415

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By: Sherry McGinnes

(Registered agent's signature)

Sherry McGinnes, Assistant 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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Battelle Memorial Institute</u>	☐ Manager	Name: <u>John C. Wagner</u>
☒ Member	Address: <u>505 King Avenue,</u>	☐ Member	Address: <u>2525 Fremont Avenue, MS 3899,</u>
☐ Authorized	<u>Columbus, OH 43201</u>	☒ Authorized	<u>Idaho Falls, Idaho 83402-1509</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Juan Alvarez</u>	 ☐ Manager	Name: <u>Kimberly Evans Ross-</u>
☐ Member	Address: <u>2525 Fremont Avenue, MS 3899,</u>	☐ Member	Address: <u>2525 Fremont Avenue, MS 3899,</u>
☒ Authorized	<u>Idaho Falls, Idaho 83402-1509</u>	☒ Authorized	<u>Idaho Falls, Idaho 83402-1509</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: <u>Marianne Walck</u>	 ☐ Manager	Name: <u>Iris Anderson</u>
☐ Member	Address: <u>2525 Fremont Avenue, MS 3899,</u>	☐ Member	Address: <u>2525 Fremont Avenue, MS 3899,</u>
☒ Authorized	<u>Idaho Falls, Idaho 83402-1509</u>	☒ Authorized	<u>Idaho Falls, Idaho 83402-1509</u>
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) (5), 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.

Kimberly Evans Ross
Signature of an authorized person

Kimberly Evans Ross
Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BATTELLE ENERGY ALLIANCE, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

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


Jeffrey W. Bullock, Secretary of State

3823062 8300

SR# 20233588850

You may verify this certificate online at: corp.delaware.gov/authver.shtml

Authentication: 204251785

Date: 09-27-23