

M23000015745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

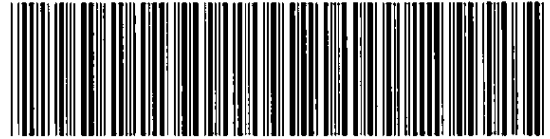
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800419924568

2023 DEC 18 PM 5:55

RECEIVED
AND
FILED

2023 DEC 18 PM 3:34

RECEIVED

SECTION OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2023

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 12/18/23
Order #: 1354543-1
Re: Prevalon Energy LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the text of the enclosed items.

AUTH:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prevalon Energy LLC

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:

Brooke Freeman

Name of Person

Mitsubishi Power Americas, Inc.

Firm/Company

628 Hebron Avenue, #400

Address

Glastonbury, CT 06033

City/State and Zip Code

brooke.freeman@aeropowermhi.com

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

For further information concerning this matter, please call:

Brooke Freeman

860
at ()

830-1519

Name of Contact Person

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. Prevalon Energy 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. Delaware, USA 3. 93-3163549
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 400 International Parkway, #200 6. 400 International Parkway, #200
(Street Address of Principal Office) (Mailing Address)
Lake Mary, Florida 32746 Lake Mary, Florida 32746

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2023 DEC 18 PM 5:55

APPROVED
AND
FILED

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.

Corporation Service Company
By: Alexis Weiland-Jensen, ACP
(Registered agent'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:**

☒ Manager Name: Thomas Cornell

☐ Member Address: 400 International Parkway

☐ Authorized Suite 200

Person Lake Mary, Florida 32746

☒ Other Officer- CEO ☐ Other _____

☒ Manager Name: Michael McManus

☐ Member Address: 400 International Parkway

☐ Authorized Suite 200

Person Lake Mary, Florida 32746

☒ Other Officer- CRO ☐ Other _____

☐ Manager Name: Alejandro Schnakofsky

☐ Member Address: 400 International Parkway

☐ Authorized Suite 200

Person Lake Mary, Florida 32746

☒ Other Officer- CTO ☐ Other _____

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

☒ Manager Name: Benjamin Hunnewell

☐ Member Address: 400 International Parkway

☐ Authorized Suite 200

Person Lake Mary, Florida 32746

☒ Other Officer- CFO ☐ Other _____

☐ Manager Name: John Brooks

☐ Member Address: 400 International Parkway

☐ Authorized Suite 200

Person Lake Mary, Florida 32746

☒ Other Officer- COO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person Lake Mary, Florida 32746

☐ 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.

Benjamin Hunnewell
Signature of an authorized person

Benjamin Hunnewell

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREVALON ENERGY 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 DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREVALON ENERGY LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2023:

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




Jeffrey W. Bullock, Secretary of State

7642332 8300

SR# 20234251337

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

Authentication: 204838922

Date: 12-18-23