

M24000001947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

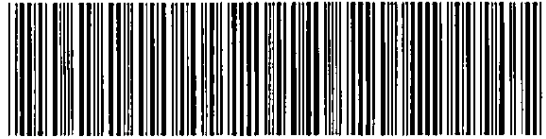
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Safe Haven Solar, 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:

Jennifer Jessee/Licensing Department

Name of Person

Safe Haven Solar, LLC

Firm/Company

520 E 19th AVE

Address

North Kansas City, MO 64116

City/State and Zip Code

SHSolarLicensing@mysafehaven.com

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

For further information concerning this matter, please call:

Jennifer Jessee

at (**816**)

249-2993

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. Safe Haven Solar, 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. Missouri 3. 85-2859381
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

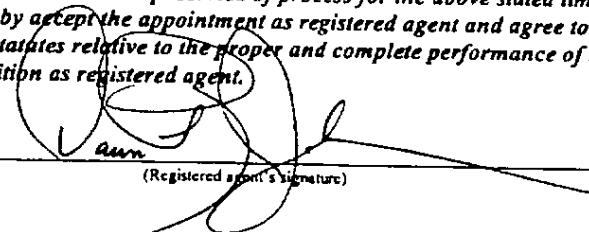
5. 520 E 19th AVE 6. 520 E 19th AVE
(Street Address of Principal Office) (Mailing Address)
North Kansas City, MO North Kansas City, MO
64116 64116

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

Name: API Processing-Licensing, Inc.
Office Address: 3419 Galt Ocean Drive, Suite A
Ft. Lauderdale, Florida 33308
(City) (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 agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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> |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Josh Browne |
| <input checked="" type="checkbox"/> Member | Address: 520 E 19th AVE |
| <input checked="" type="checkbox"/> Authorized | North Kansas City, MO |
| Person | 64116 |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|---|---------------------------------|
| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
| <input checked="" type="checkbox"/> Manager | Name: <u>Joe King</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>520 E 19th AVE</u> |
| <input type="checkbox"/> Authorized | <u>North Kansas City, MO</u> |
| Person | <u>64116</u> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

☒ Manager Name: Lance Combs

☒ Member Address: 520 E 19th AVE

☐ Authorized North Kansas City, MO

Person 64116

☐ Other _____ ☐ Other _____

| | |
|---|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Brandon Reed</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>520 E 19th AVE</u> |
| <input type="checkbox"/> Authorized | <u>North Kansas City , MO</u> |
| Person | <u>64116</u> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

☒ Manager Name: Dean Landman

☒ Member Address: 520 E 19th AVE

☐ Authorized North Kansas City , MO

64116

Person

☐ Other ☐ Other

☒ Manager Name: Mark Kleeman

☒ Member Address: 520 E 19th AVE

☐ Authorized North Kansas City , MO


64116

☐ 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.817.156, F.S.



Signature of an authorized person

Josh Browne

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA
and false information
15 U.S.C.

Florida application for Foreign Limited Liability Company item# 8 attachment

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manager

Title or Capacity: Name and Address:

X Manager Name: Mike Emmons

X Member Address: 520 E 19th AVE
 North Kansas City, MO
 64116

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Safe Haven Solar, LLC
LC1728899

was created under the laws of this State on the 1st day of September, 2020, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of January, 2024.


Secretary of State



Certification Number: CERT-01112024-0046