

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M240000608253066**

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H240000608253ABC.

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To:

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

From:

Account Name : CANYON VIEW SYSTEMS, LLC  
 Account Number : I20220000118  
 Phone : (877)757-9877  
 Fax Number : (888)364-3940

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
 Sunwise Energy LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$763.75

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Sunwise 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:

Matthew Cassidy  
 \_\_\_\_\_  
 Name of Person

Sunwise Energy LLC  
 \_\_\_\_\_  
 Firm/Company

1401 Chapel Avenue West  
 \_\_\_\_\_  
 Address

Cherry Hill, NJ 08002  
 \_\_\_\_\_  
 City/State and Zip Code

matt@sunwiseusa.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Cassidy 609 444-7971  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
    Certificate of Status                      Certified Copy                      of Status & Certified Copy

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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. Sunwise 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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1188072  
(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. 1401 Chapel Avenue West  
(Street Address of Principal Office)

6. 1401 Chapel Avenue West  
(Mailing Address)

Cherry Hill, NJ 08002-2212

Cherry Hill, NJ 08002-2212

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

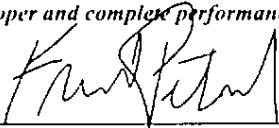
Name: Frank Petrilli

Office Address: 472 Park Trace Blvd.

Osprey, Florida 34229  
(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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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>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Cassidy</u>	<input type="checkbox"/> Manager	Name: <u>Frank Petrilli</u>
<input type="checkbox"/> Member	Address: <u>1401 Chapel Avenue West</u>	<input type="checkbox"/> Member	Address: <u>472 Park Trace Blvd.</u>
<input type="checkbox"/> Authorized	<u>Cherry Hill, NJ 08002-2212</u>	<input checked="" type="checkbox"/> Authorized	<u>Osprey, FL 34229</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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  
 Matthew Cassidy  
 \_\_\_\_\_  
 Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

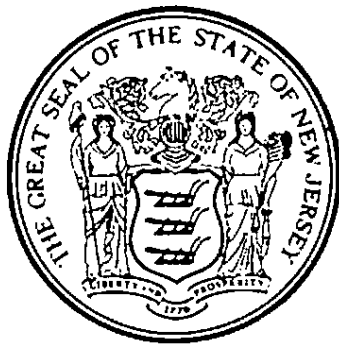
**SUNWISE ENERGY LLC**  
0450620515

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Pennsylvania Foreign Limited Liability Company was registered by this office on March 16, 2021.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ALEX DAVID  
1401 CHAPEL AVENUE W  
CHERRY HILL, NJ 08002



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
21st day of February, 2024*



Elizabeth Maher Muoio  
State Treasurer

Certificate Number . 6151031632

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)