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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 Ascend Lighting & Energy Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

4/17/2024 13:04:44 PDT . To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 6/15/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited Liabil	ity Company," "L.L.C," or "L
Texas		3.		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI number, i	Tapplicable i
	(Date first transacted business in Florida, if prior to r	egistrafan	1,3	<del></del>
7901 4th St N STE 300	(See sections 605 09034 & 605 0905, F.S. to determin	ne penalty	hability)	
reet Address of Principal Office)	·	6.	7901 4th St N STE 300 (Mailing Address)	70
St. Petersburg FL 3370	2		St. Petersburg FL 33702	24 (17)
None and described	s of Florida registered agent: (P.O. Box	NOT	uggantuhla)	-5
Name and street address	s of Florida registered agent. (F.O. Box	.1(71	ессране)	
Name:	Registered Agents Inc			. ·
Office Address:	7901 4th St N STE 300			
	St. Petersburg		, Florida	
	(City)		(Zip code)	

(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:	Title or Capacity:		Name and Address:
□Manager	Name: Tilley, Jeff	□Manager	Name:	
☑Member □Authorized	Address: 217 STOEGER DRIVE	□ Member □ Authorized		
Person	NEW BRAUNFELS TX 78130	Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
Other	Other	□Other	<del></del>	□Other
∐Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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) (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.

Rule are pour	La,Z	
	Signature of an authorized person	
Robin Jones		
	Expedier project purple of sorger	

4/17/2024 13:04:44 PDT

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697 To: 18506176383



Jane Nelson Secretary of State

Fax: 8134365206



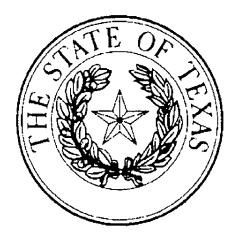
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ASCEND LIGHTING & ENERGY SOLUTIONS, LLC (file number 802006479), a Domestic Limited Liability Company (LLC), was filed in this office on June 02, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 12, 2024.



Jane Melson

Jane Nelson Secretary of State

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| Phone. (512) 463-5555 | Fax: (512) 463-5709 |
| Prepared by: SOS-WEB | TID: 10264

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