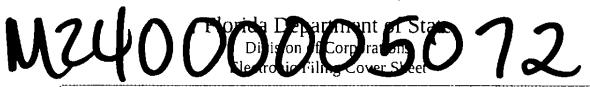
Division of Corporations



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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 Direct 2 Home LLC

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

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Help

4/18/2024 / 11:16:23 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 605.0902, FLORIDA STATUTES. THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Direct 2 Home LLC

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

D2H Solar LLC

D2H Solar LLC					
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liability Comp	my," "LL C," or "L	.LC."}
2. Massachusetts		3.	88-2515499		
(Jurisdiction under the law of w	hich foreign lumited liability company is organized)	٥.	IFEI number, if appliest	ile:	
4.					
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistratio ne penalty	n,) hability)		
7901 4th St N STE 300)	6.	7901 4th St N STE 300		
(Street Address of Principal Office)			(Mailing Address)		
St. Petersburg, FL 3370	02		St. Petersburg, FL 33702		
_					
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	711	
				. A 47	
Name:	Northwest Registered Agent LLC			81 NdV 4707	- 4
	7004 (sh. C. N. CTE 200			8	
Office Address:	7901 4th St N STE 300			РН	
	St. Petersburg		Florida <mark>33702</mark>	4:4	-2

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.

(Zip code)

(City)

7FM		
	(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]:

Title or Capacity:	Name and Address:	Title or Capacit	Name and Address:
□Manager	Name:	□Manager	Name:
⊠ Member	Address: 7901 4th St N STE 300	⊠ Member	Address:
□Authorized	St. Petersburg FL 33702	□Authorized	7901 4th St N STE 300
Person		Person	St. Petersburg FL 33702
Other	Other	Other	Other_
□Manager	Nume:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ A whorized	
Person		Person	
□Other	Other	□ Other	[] Other
⊔Manager	Name:	⊔Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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. $A = \frac{1}{2} A =$

18 61 2 600.	
Signature of an author	orized person
Nat Sr	mith
Exped or printed na	inc of signee

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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02188

April 5, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

DIRECT 2 HOME LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 20, 2022.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JEFF JEAN, BRADLEY PEREIRA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JEFF JEAN, BRADLEY PEREIRA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travers Galein