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 Florida Department of State
 Division of Corporations
 Section of Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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

Email Address: nick@solerro.com

RECEIVED

2024 JUL -3 AM 9:11

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
 G1 HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DEPARTMENT OF STATE
 TALLAHASSEE, FL

2024 JUL -3 PM 11:28

FILED

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. GI Holdings LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

GI Solar LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Idaho 92-2640021
(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 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1307 S Maple Grove Rd 1307 S Maple Grove Rd
(Street Address of Principal Office) (Mailing Address)

MERIDIAN, ID 83642 MERIDIAN, ID 83642

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: C T Corporation System Kara Korosec
(KARA KOROSEC, SECRETARY)
(Registered agent's signature)

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2024 JUL -3 PM 11:28
TALLAHASSEE, FL

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 type="checkbox"/> Manager	Name: <u>Nick Coats</u>	<input type="checkbox"/> Manager	Name: <u>Anthony Longo</u>
<input checked="" type="checkbox"/> Member	Address: <u>1307 S Maple Grove Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>1307 S Maple Grove Rd</u>
<input type="checkbox"/> Authorized Person	<u>MERIDIAN, ID 83642</u>	<input type="checkbox"/> Authorized Person	<u>MERIDIAN, ID 83642</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

/S/NICK COATS

Signature of an authorized person

NICK COATS, MEMBER

Typed or printed name of signer



STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

June 27, 2024

Request Type: Certificate of Existence/Filing
Request #: 0005790618
Receipt #: 001004012

Issuance Date: 06/27/2024
Copies Requested: 0

Regarding: G1 HOLDINGS LLC
Filing Type: Limited Liability Company (D)
Formation/Qualification Date: 02/22/2023
Status: Active-Existing
Duration Term: Perpetual

File #: 5122389
Formation Locale: IDAHO
Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

G1 HOLDINGS LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "P. McGrane", enclosed within an oval-shaped scribble.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 029478338