# 1240000 10454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24-113559

Office Use Only



000431047770

2024 AUG 12 PM 1:50

2024 AUG 12 PH 12: 28

139 1 5 2924

K. Brumbley



August 13, 2024

FLORIDA FILING

SUBJECT: ENERGY TREK LLC Ref. Number: W24000113559

We have received your document for ENERGY TREK LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 124A00017858

www.sunbiz.org

## FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/12/2024

**NAME:** PRISTINE INVESTMENTS INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

Ener	rgy Trek Solar LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo
se return all co	orrespondence concerning this matter t	o the following:
	Steven Hasty	
		Name of Person
	Pandora Capital	
,	<del></del>	Firm/Company
	5401 Fairview Pl	
	<del> </del>	Address
	Agoura Hills, CA 91301	
•		City/State and Zip Code
st	eve.hasty@pandoracapital.io	
	E-mail address: (to be	e used for future annual report notification)
further inform	ation concerning this matter, please ca	II:
Steven H	lasty	703 674-9108
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing A		Street Address:
Registration Section		Registration Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	ssee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	is a check for the following amount:	
	ake check payable to: FLORIDA DEF 00 Filing Fee	
	Certificate of	

# 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:

99-0419382 3	if applicable)	_
(FEI number,	if applicable)	
r to registration.) rrmine penalty hability)	<del></del>	
r to registration.) ermine penalty liability)		
7575 Dr Phillips Blvd. STE 25		
6. (Mailing Address)		
Orlando, FL 32819		
	NO 12	FILE
	PM 12:	`∷'`
32301 , Florida	28	
. 1 101164		
	Orlando, FL 32819  Ox NOT acceptable)	Orlando, FL 32819  Ox NOT acceptable)  Ox NOT acceptable

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: Name: Steven Hasty Joseph Mulvihill Name: □ Manager □Manager 5401 Fairview Pl Address: 7575 Dr Phillips Blvd Ste 255 ■ Member Address: □Member Orlando, FL 32819 Agoura Hills, CA 91301 □ Authorized ■ Authorized Person Person □Other Other\_\_\_\_ □Other\_\_\_\_ Other □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ Address: Address: \_\_\_\_\_ □Member ■ Member ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other □Other\_\_\_\_ □Manager Name: □ Manager Address: \_\_\_\_ □ Member Address: □Member □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. Nonindexed 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.

Typed or printed name of signee

Steven Hasty

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 08/14/2024

ENTITY NAME: Energy Trek Solar LLC

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **Energy Trek Solar LLC**

is a

# **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 12, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001374689**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of August, 2024 at 4:38 PM. This certificate is assigned ID Number 075001214.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.