

8/20/24, 9:29 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2400010726

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000278574 3)))



H24000278574 34806

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: Compliance@energywell.com

Foreign Limited Liability Company
 Think Energy, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 21 2024

K. Brumbley

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. THINK ENERGY, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware 3. 35-2408190
(Jurisdiction under the laws of which foreign limited liability company is organized.) (EIN number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

5. 107 John Street 6. P.O. Box 1288
(Street Address of Principal Office.) (Mailing Address)
Southport, CT 06890 Greens Farms, CT 06838

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 33324
(City) Florida (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: SEAN L. EMERICK, ASSISTANT SECRETARY
(Registered agent's signature)

APPROVED
AND
FILED
2024 AUG 20 PM 2:34
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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>
☒ Manager	Name: <u>Energywell Management, LLC</u>	☐ Manager	Name: <u>Shane Puskar</u>
☐ Member	Address: <u>107 John Street</u>	☐ Member	Address: <u>P.O. Box 1288</u>
☐ Authorized	<u>Southport, CT 06890</u>	☐ Authorized	<u>Greens Farms, CT 06838</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Energywell Think Holdings, LLC</u>	☐ Manager	Name: <u>Jonathan Rubenstein</u>
☐ Member	Address: <u>107 John Street</u>	☐ Member	Address: <u>P.O. Box 1288</u>
☐ Authorized	<u>Southport, CT 06890</u>	☐ Authorized	<u>Greens Farms, CT 06838</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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.



Signature of an authorized person

Shane Puskar

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THINK ENERGY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4970172 8300

SR# 20243458906

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204197510

Date: 08-20-24