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Division of Corporations

# Florida Department of State Division of Corbo

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Division of Corporations

Fax Number : (850)617-6383

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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accounting@mshs.com Email Address:

### Foreign Limited Liability Company PACIFIC POWER GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	1)4
Estimated Charge	\$155.00

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Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Finbility Company (must include "Finited	Hability Compa	कर्"ोि ("क्यां€ि	1	
name may olable, enter alternate	isme adopted for the purpose of transacting business in Fi	orda. The afternote	name most melude "Lonnec	d Liabdity Company, 111.	L.C,* or "L
Washington					
thansdiction under the law of v	high foreign limited liability company is organized;	3	- F.Ll ma	imber (l'applicable)	
Upon Fifing					
	Date first transacted business at Florida at guer to (See sections 605 6934 & 605 0905, E.S. to determ	registration (			
7215 S. 228th St.		7215	S. 228th St.		
cet Address of Principal Office)		6	Sarbing Address)		
Kent, WA 98032		Kent.	WA 98032		
		<del></del>			
Name and street address	s of Florida registered agent: (P.O. Box	NOT accents	h(c)		21
. tane and <u>accountact</u>	o or the markey directs in goods. (2. Co. Parts)	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>.</i>	974 (
	C.T.Corporation System			₹ -	2024 OCT
Name:				<u>:</u> .	co (CO
Office Address:	(200 South Pine Island Road				77.70
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Plantation		33324		
	Flactionent		, Florida	Γ.	_
	(City)		(Zip code)	<del></del> .	9

### 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.

	C.T Corporation System		
By:		and the second	SEANIL EMERICK, ASSISTANT SECRETARY
	(Registered agent's signati	ate1	<del> </del>

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: Lea Kellogg	<b>∑</b> Manager	Name: Prime Mover Holdings, LLC
□Member	Address:	□ Member	7215 S. 228th St.
□Authorized	7215 S. 228th St.	Z Authorized	Kent, WA 98032
Person		Person	
□Other		COther	□Other
∃Manager	Name: David A Santamaria	∐ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	7215 S. 228th St.	_ Authorized	
Person		Person	
□Other		_ Other	
⊒Manager	Name:	□ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person	<u>_</u>	Person	
□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 \$.817.155, F.S.

	den tellogi	
	Signature of an authorized person	
Len Kellogg, CFO		
	t wed as would a man of man	

# The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

()F

### PACIFIC POWER GROUP, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12 23 2008.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending

Issued Date: 10/01/2024 UBI Number: 602 886 195



Goven under my band and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Data Israed (4.00) 2024



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