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(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Energy Project Solutions, LLC	
	Na	me of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability ence, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	r to the following:
	Tammy Veira	
		Name of Person
	Energy Project Solutions, LLC	
		Firm/Company
	4675 W Teco Ave. Suite 230	
		Address
	Las Vegas, NV 89118	
		City/State and Zip Code
	tammy@synovapartners.com	
	E-mail address: (to	be used for future annual report notification)
For fu	orther information concerning this matter, please of	call:
	Tammy Veira	702 479-1000
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA DI \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE

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:

[Energy Project Solutions, LLC [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

Clark County / Las Vega	as, NV		1760414				
(Jurisdiction under the law of which foreign limited liability company is organized)		٥	3. (FEI number, if applicable)				
09/23/24							
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liabili	ty)				
4675 W Teco Ave. Sui	te 230		5 W Teco Ave. Suite 2				
et Address of Principal Office)		6	(Mailing Address)				
Las Vegas, NV 89118		Las	Vegas, NV 89118		2		N.
					2024 OC		
Varne and street addres	s of Florida registered agent: (P.O. Box	NOT acces	ntable)		- 5		
vame and street address	s of Fronda registered agent. (F.O. Dox	1101 4000	, rable)	39	79 3 X		
Name:	Registered Agents Inc			E. FL	2: 1		
Office Address:	7901 4th St. N STE 300			' नेन जी	œ		Ġ
	St. Petersburg		33702 , Florida				
	(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.

David Solerits
(Registered agent's signature)

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: Jerry Stanley	■Manager	Name: Josh Whellams
□Member	Address: 6420 S Cameron St.	□Member	Address: 4675 W Teco Ave
□Authorized	STE 207	□Authorized	STE 230
Person	Las Vegas, NV 89118	Person	Las Vegas, NV 89118
Other	Other	□Other	Other
■Manager	Name: Clayter Jensen	□Manager	Name:
□Member	Address: 4675 W. Teco Ave	□Member	Address:
□Authorized	STE 230	□Authorized	
Person	Las Vegas, NV 89118	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

Clayter Jeusen

Typed or printed name of suprec

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **ENERGY PROJECT SOLUTIONS LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/15/2018, and in good standing in this State.



Certificate Number: B202407104792889

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my

office on 07/10/2024.

FRANCISCO V. AGUILAR

Secretary of State