

11/6/24, 8:59 AM

Division of Corporations

Page 1 of 5

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M2400014268

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.

(((H24000369362 3)))



H240003693623ABC2

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 : API PROCESSING  
Account Number : 120110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

Foreign Limited Liability Company  
SP Solar LLC

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$125.00

RECEIVED

2024 NOV -7 PM 2:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2024 NOV -7 PM 1:41

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H24000369362 3

Page 5 of 5

Rodney Santos  
SP Solar LLC  
2220 South Olden Avenue  
Hamilton, NJ 08610  
609/200-6454

November 5, 2024

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Subject: Dissolution of SP Solar LLC

To Whom It May Concern:

Please accept this letter as notification that I have dissolved the Florida LLC, SP Solar LLC as it should have been brought in as a foreign LLC. Please allow me to use the name as a foreign LLC.

Thank you in advance.

Sincerely,

Rodney Santos  
Rodney Santos (Nov 5, 2024 08:44 EST)  
Rodney Santos

H24000369362 3

H24000369362 3

Page 2 of 5

# 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. SP SOLAR LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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 "LLC.")

2. NEW JERSEY 3. 88-4297226  
(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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2220 SOUTH OLDEN AVENUE 6. 2220 SOUTH OLDEN AVENUE  
(Street Address of Principal Office) (Mailing Address)

HAMILTON, NJ 08610 HAMILTON, NJ 08610

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

Name: API PROCESSING - LICENSING, INC.  
Office Address: 3419 GALT OCEAN DRIVE, SUITE A  
FORT LAUDERDALE, Florida 33308  
(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.

Kathryn Balaban  
(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 NOV -7 PM 1:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

H24000369362 3

H24000369362 3

Page 3 of 5

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>ABED NEIROUKH</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>2220 SOUTH OLDEN AVENUE</u>	<input type="checkbox"/> Authorized	_____
Person	<u>HAMILTON, NJ 08610</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>RODNEY SANTOS</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>33 CARNEGIE STREET</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>TOMS RIVER, NJ 08757</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

Rodney Santos

Rodney Santos (Nov 8, 2024 06:44 EST)

Signature of an authorized person

RODNEY SANTOS

Typed or printed name of signer

H24000369362 3

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

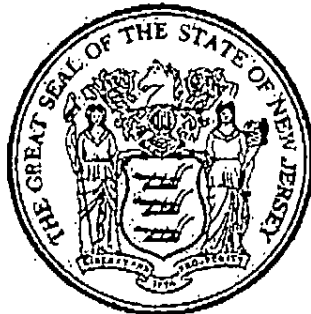
**SP SOLAR LLC  
0450888223**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 15, 2022.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2023*

*I further certify that the registered agent and office are:*

**ABED NEIROUKH  
2220 S OLDEN AVE  
HAMILTON, NJ 08610**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
1st day of November, 2024*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio  
State Treasurer**

**Certificate Number : 6158579510**

**Verify this certificate online at**

**[https://new1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://new1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)**