

1/8/25, 5:53 AM

Division of Corporations

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Florida Department of State

Division of Corporations

M2S000000428

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(((H25000008572 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
Account Number : I20118000069
Phone : (954)567-0013
Fax Number : (954)567-3401

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Email Address: kathy@apiprocessing.com

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2025 JAN -8 AM 11:21

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
American Dream Solar LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2025 JAN -8 PM 2:26
STATE
SECRET

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**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:

AMERICAN DREAM SOLAR LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. TEXAS 3. 86-3311189
(Jurisdiction under the law or which foreign limited liability company is organized) (FBI 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. 12324 TREELINE DRIVE 6. 12324 TREELINE DRIVE
(Street Address of Principal Office) (Mailing Address)

CROWLEY, TX 76036

CROWLEY, TX 76036

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.

Katlyn G. Gamm
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FL

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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: FRANCISO DURAN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12324 TREELINE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CROWLEY, TX 76036	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: ALI GARCIA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1234 TREELINE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CROWLEY, TX 76036	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other AMBR	<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.


Francisco Duran (Jan 7, 2025 15:24 CST)

Signature of an authorized person

FRANCISCO DURAN

Typed or printed name of signee

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



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Jane Nelson
Secretary of State

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Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AMERICAN DREAM SOLAR LLC (file number 804021093), a Domestic Limited Liability Company (LLC), was filed in this office on April 15, 2021.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: April 16, 2021

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 07, 2025.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State