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C T CORPORATION SYSTEM		•		
660 East Jefferson Street		3	8.28.20000: 11/23/98-01079	33 -003
Requestor's Name	Į Į		****145.00 ***	*145.00
Tallahassee, Florida 32301				
Address (850) 222–1092		3	:0000269363 -11/23/9801073	33 004
City State Zip I	Phone		****140.00 ***	*140.00
CORPORATION(S) NAME			
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- Irigen - C	Zinergy So) 1 /	5	
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() NonProfit () Limited Liability Company				
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() Limited Partnership	() Fict.		() Change of R.A.	
() Reinstatement			() UCC-1 UCC=3	- <u>O</u> M - Z
() <u>Limited Liability Partners</u> () Certified Copy	() Photo C	Copies	() CUS	
	() Call if P	roblem	() After 4:30	-
() Call When Ready	() Will Wa	it	Pick Up	
Walk in	()			
() Mail Out			Please Return Ext	ra Copy(s)
Name (A)			Filed Stamp	
Availability		-	Thanks, Melanie	•••
Document Examiner	NOV 23 1998			
	NOT B 0 1000			
Updater Verifier				
verifier				
Acknowledgment				
W.B. Verifier				
W.P. Verifier			•	
CR2E031 (1-89)				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Trigen-Cinergy Solutions of Boca	Raton	, LLC	_	
	(Name of foreign limited liability company recompany" or their abbreviations "L.L.C." or '	nust end "L.C." if	with the words "limited liability company" or "limited not so contained in the name at present.)		
2.	Delaware	3	3.13-4031006		
	(Jurisdiction under the law of which foreign company is organized)	limited	liability (FEI number, if applicable)		
4	September 4, 1998	5	Perpetual .		
т.,	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	-	
_	October 2, 1998				
6(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.)					
7	139 East Fourth Street				
/.	Cincinnati, OH 45202				
		(C) 1	1		
		Street add	dress of principal office)		
8.	List name, title, and business address will manage the foreign limited liability	of each ity com	managing member [MGRM] or manager [MGR] who pany in Florida: (attach additional page if necessary)		
	NAME & ADDRESS: TIT	LE:	NAME & ADDRESS: TITLE:		
	Thomas R. Casten MG	<u>R</u>	James E. Rogers MGR □ □ □)	

Thomas R. Casten	MGR	James E. Rogers	MGR	. 98	DIV
One Water Street	:	139 East Fourth Street		AON 8	DIVISION
White Plains, NY 10601		Cincinnati, OH 45202		123	
Donald B. Ingle, Jr.	MGR	Michael Weiser	MGR	7	
139 East Fourth Street		One Water Street		t: 0(TATE
Cincinnati, OH 45202		White Plains, NY 10601		_	
Richard E. Kessel	MGR	Charles J. Winger	MGR		
One Water Street		139 East Fourth Street			2 <u>2</u> .
White Plains, NY 10601		Cincinnati, OH 45202			

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRIGEN-CINERGY SOLUTIONS OF BOCA
RATON, 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 SEVENTH DAY OF
OCTOBER, A.D. 1998.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE







Edward J. Freel, Secretary of State

AUTHENTICATION:

9341553

DATE:

10-07-98

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981387540

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name and the Florida street address of the registered agent and office are: C T CORPORATION SYSTEM (Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324	TTI 1 of TV 1 of	_		
(Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324	The name and the Florida street address	of the regis	stered agent and	office are:
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324	C T CORE	PORATION S	YSTEM	
Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324		(Name)		
Florida street address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324		<u>Pine Isla</u>	nd_Road_	
	Plantation	FL	33324	
(City/State/Zip)	(City	//State/Zip)	-	

liability company at the place designated in this certificate, I hereby accept the above stated limited agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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

(Signature)

Susan J. Metze

Assistant Secretary

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

ın	ie undersigned member or authorized representative of a member of Trigen-Cinergy	<u></u>	
<u>s</u>	certifies:		. .
1)	the above named limited liability company has at least two members;		
2)	the total amount of cash contributed by the member(s) is	\$ 100.00	<u> </u>
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$	<u> </u>
4)		\$ 100.00	 •
	Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	 r.	
	Donald B. Ingle, Jr. Typed or printed name of signee	98 MOV 23 PM	SECRETARY OF DIVISION OF CORPC

Filing Fee: \$250.00 for Application and Affidavit