## **Secretary of State**

LLC-5

## Application to Register a Foreign Limited Liability Company (LLC)

IMPORTANT — Read Instructions before completing this form.

For Office Use Only

## -FILED-

B3007-8715

File No.: 202464310644 Date Filed: 10/16/2024

IMPORTANT — Read Instructions before completing this form.				Date Filed. 1	0/10/2024	,	
Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.				1			
Filing Fee - \$70.00	uctions.						
Copy Fees — First page \$1.00; each attachment page \$	<sub>i0.50;</sub> (						
Certification Fee - \$5.00	simum #800	) tay to the					
Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.				This Space Fo	r Office l	Jse Only	y
a. LLC Name (Enter the exact name of the LLC as listed on	your attached	d Certificate of G	ood Standing	).)			,
North Bay Interconnect, LLC							
,							
b. California Alternate Name, If Required (See Inst	ructions – Or	niv enter an alter	nate name if	the LLC name in	1a not ava	ilable in i	California
, , , , , , , , , , , , , , , , , , , ,		., o		THE TENTH OF THE T	-		
11018-4							
LLC History (See Instructions – Ensure that the formation							
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdio	ction (State, fore		or place where this	s LLC is fo	ormed.)	
10 / 11 / 2024			יט	elaware	<del></del>		
c. Authority Statement (Do not alter Authority Statement)							01
This LLC currently has powers and privileges to cond			<del>_</del>	<del> </del>			
B. Business Addresses (Enter the complete business ac		,		O. Box or "in care	<del></del>		
Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)			State   FL	1 '	
700 Universe Blvd., LAW/JB			Juno Beach			33408	
b. Street Address of Principal Office in California, if any - Do not enter a P.O		City (no abbreviations)			State	Zip Code	
: Mailing Address of Principal Executive Office, If different than item 3a		City (no abbreviations)			State	Zip Code	
or maining received on the open Executive Office, it different than item of		City (no abbreviations)				Zip Code	
4. Service of Process (Must provide either Individual OR	Comoration :	\					
INDIVIDUAL - Complete Items 4a and 4b only. Must include	'		rnia street ad	dress.			
a. California Agent's First Name (if agent is not a corporation)		Middle Name La		Last Name	Name		Suffix
· .							
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Code	
					CA		
CORPORATION - Complete Item 4c only. Only include the							
California Registered Corporate Agent's Name (if agent is a corpora						·	
Corporation Service Company Which Will Do E	3usiness :	In California	As CSC	- Lawyers Ir	ncorpor	ating !	<u>Servic</u>
5. Read and Sign Below (See Instructions. Title not r	required \			<u> </u>			
By signing, I affirm under penalty of perjury that the in		herein is true	and corre	ct and that La	m autho	rized to	sion
on behalf of the foreign LLC.			- 211G GOITE	ocumu macra	iii datiiO	2.00 tU	Sigil
(186-		laco	n B. Pea	•			
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Type or Print Name

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTH BAY INTERCONNECT, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH BAY

INTERCONNECT, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at sorp delawate gov/auth

Authentication: 204638342

Date: 10-15-24