

Application for RegistrationFOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STARCE

purpose submits the following statement: 1. The name of the limited liability company is: PILOT POWER GROUP, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? Yes \(\subseteq \) No The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: 2. The date of its organization is: 3/5/2020 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name NORTHWEST REGISTERED AGENT, L.C. Street Address (NOT a P.O. Box) 47 WOOD AVE., SUITE 2 City/Town BARRINGTON State RHODE ISLAND Zip Code 02806 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: ELECTRICITY/NATURAL GAS PROVIDER	Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigne applies for a Certificate of Registration to transact business		
PILOT POWER GROUP, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? The name, if different, under which it proposes to register and transact business in Rhode Island is. 2. The LLC is organized under the laws of: CALIFORNIA 3. The date of its organization is: 3/5/2020 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name NORTHWEST REGISTERED AGENT, LLC Street Address (NOT a P.O. Box) 47 WOOD AVE., SUITE 2 City/Town BARRINGTON State RHODE ISLAND Zip Code 02806 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: ELECTRICITY/NATURAL GAS PROVIDER		s in the State of Knode Island, and	u for that
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Check the box to indicate an attachment	ELECTRICITY/NATURAL GAS PROVIDER		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FORM 450 - Revised 11/201

			
diligence.	ed the agent of the foreign limited liability company for the resident agent cannot be found or served following	ing the exercise of reasonable	
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organization fithe foreign limited liability company is:	on by the laws of that state or,	
8910 UNIVERSITY CENTER LN., SUITE 520, SAN DIEGO, CA 92122			
8. The mailing address for the limited liab	ility company is:		
8910 UNIVERSITY CENTER I.N., SUITE 520	0, SAN DIEGO, CA 92122		
9. Management of the Limited Liability Company:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
DENIS VERMETTE	8910 UNIVERSITY CENTER LN., SUITE 520, SAN DI	1EGO, CA 92122	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
	ate of Registration will be effective; CHECK ONE BO	OX ONLY	
(Date received (Upon filing)			
——————————————————————————————————————	o more than 90 days from the date of filing)		
accompanying attachments, and that all s	firm that I have examined this Application for Registr statements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
PILOT POWER GROUP, LLC		06.18.20	
Signature of Authorized Person			

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PILOT POWER GROUP, LLC

FILE NUMBER: FORMATION DATE:

202006510364 03/05/2020

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

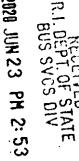
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.





IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 8, 2020.

ALEX PADILLA Secretary of State