

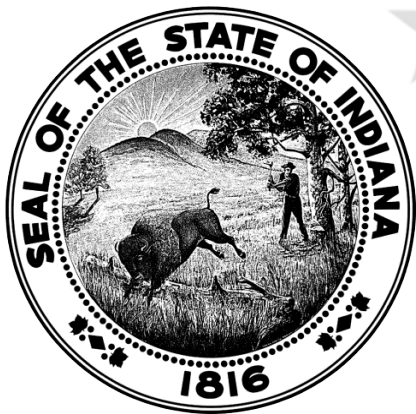
FILED
January 27, 2020
INDIANA UTILITY
REGULATORY COMMISSION

State of Indiana
Office of the Secretary of State

Foreign Registration Statement
of
AKABIS, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that an Registration Statement of the above Foreign Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, October 15, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 17, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201910151351890 / 8410325

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>



FOREIGN REGISTRATION STATEMENT
State Form 56369 (R5 / 6-19)

Approved and Filed
201910151351890/8410325
Filing Date: 10/17/2019
Effective :10/15/2019 15:55
CONNIE LAWSON
Indiana Secretary of State

Indiana Code 23-0.5-5-3
23-0.5-9-26
23-0.5-9-29
23-1.5-2-3

FILING FEE:
For-Profit Entities: \$125.00
Foreign Master LLCs: \$250.00
Nonprofit Corporations: \$75.00

FOREIGN REGISTRATION STATEMENT			
The undersigned, desiring to register a foreign entity with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-5-3, executes the following Foreign Registration Statement.			
ARTICLE I - NAME OF ENTITY			
Legal name of the entity (The name must comply with Indiana Code 23-0.5-3-1.) Akabis, LLC			
If the name does not comply with Indiana Code 23-0.5-3-1, the alternate name of the entity adopted under Indiana Code 23-0.5-5-6			
ARTICLE II - ENTITY INFORMATION			
Entity type (select one) <input type="checkbox"/> Corporation, including Benefit Corporation and Professional Corporation <input type="checkbox"/> Master Limited Liability Company <input type="checkbox"/> Series <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership			
If the entity is a nonprofit corporation, indicate if the corporation will have members. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No members			
If the corporation had been incorporated in Indiana, it would be a (select one). <input type="checkbox"/> Public Benefit Corporation <input type="checkbox"/> Mutual Benefit Corporation <input type="checkbox"/> Religious Corporation			
If the entity is a Limited Liability Company or Master Limited Liability Company, the Limited Liability Company will be managed by its manager or managers. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> The LLC will be a single-member LLC. (optional)			
If the entity is a Master Limited Liability Company, the Master LLC is authorized to transact business in Indiana in accordance with Indiana Code 23-18.1 and is organized under a law that allows for the designation of one (1) or more series.			
The jurisdiction of formation Florida			
Date the entity was formed in its jurisdiction of formation (month, day, year) 08/12/2016			
ARTICLE III - STREET ADDRESS			
The street address of the foreign entity:			
Number and street 395 EAST DRIVE		City Melbourne	State FL
		ZIP code 32904	
ARTICLE IV - REGISTERED AGENT INFORMATION			
To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov .			
Provide either commercial registered agent or noncommercial registered agent information below.			
<input checked="" type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.) Cogency Global Inc.		
OR			
<input type="checkbox"/> Noncommercial registered agent	Name of registered agent		
Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)		City	State IN
			ZIP code
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process			
<input checked="" type="checkbox"/> By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Foreign Registration Statement has consented to the appointment of Registered Agent.			
In Witness Whereof, the undersigned duly authorized representative of the entity executes this Foreign Registration Statement and verifies, subject to penalties of perjury, that the statements contained herein are true, this 11th day of October , 20 19 .			
Signature 			
Printed name Annette Costello		Title Manager	

SEC OF STATE
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State of Florida

Department of State

I certify from the records of this office that AKABIS, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 12, 2016.

The document number of this limited liability company is L16000151568.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on January 29, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourteenth day of October,
2019*



Connie Lawson
Secretary of State

Tracking Number: 8543300250CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

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