

Attachment A

See enclosed Illinois Business Registration and Certificate of Good Standing on behalf of Energy Enablement, LLC.



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 27, 2011

0357955-7

ILLINOIS CORPORATION SERVICE C  
801 ADLAI STEVENSON DRIVE  
SPRINGFIELD, IL 62703-4261

RE ENERGY ENABLEMENT, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM) TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008

Form **LLC-45.5**  
June 2010

Illinois Limited Liability Company Act  
**Application for Admission to  
Transact Business**

03579557

FILE #:

This space for use by Secretary of State.

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

**SUBMIT IN DUPLICATE**

Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$500

Penalty: \$

Approved: *[Signature]*

**FILED**

JUN 27 2011

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name:

*ENERGY ENABLEMENT, LLC*

2. Assumed Name:

(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization:

*PA*

4. Date of Organization:

*12/14/2009*

5. Period of Duration:

*PERPETUAL*

(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

*3000*

Number

*VILLAGE RUN ROAD*

Street

*UNIT 103*

Suite #

*WEXFORD, PA*

City, State

*15090*

ZIP Code

7. Registered Agent:

*ILLINOIS*

First Name

*CORPORATION*

Middle Name

*SERVICE COMPANY*

Last Name

Registered Office:  
(P.O. Box alone or c/o is unacceptable.)

*801*

Number

*ADLAI STEVENSON DRIVE*

Street

Suite #

*SPRINGFIELD*

City

Illinois

*62703*

Zip Code

8. If applicable, Date on which Company first conducted business in Illinois:

(continued on back)

LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: \_\_\_\_\_

ENERGY ENABLEMENT IS ORGANIZED AND PROPOSES TO  
CONDUCT BUSINESS AS AN ENERGY AGENT, BROKER, AND  
CONSULTANT IN ILLINOIS;

10. The Limited Liability Company: (check one)

a.  is managed by the manager(s) (List names and addresses.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.  has management vested in the members(s) (List names and addresses.)

MARK A. NUZZO 130 TANGLEWOOD DRIVE, WEXFORD, PA 15090  
\_\_\_\_\_  
\_\_\_\_\_

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.

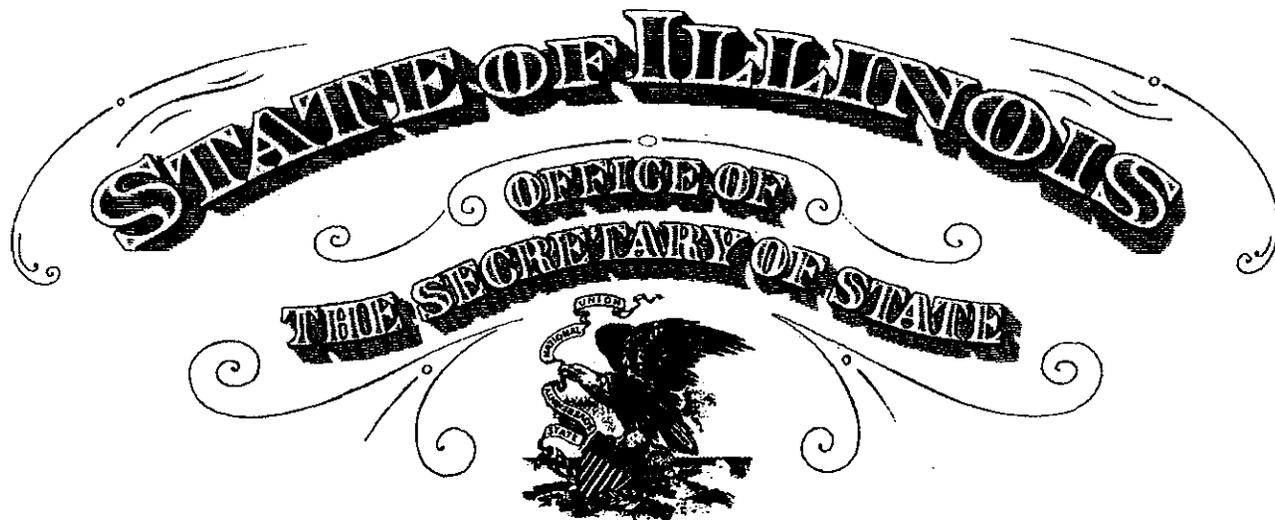
13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: JUNE, 24, 2011  
Month, Day, Year

[Signature]  
Signature

MARK A. NUZZO, PRINCIPAL  
Name and Title (type or print)

member  
If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.



**To all to whom these Presents Shall Come, Greeting:**  
*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ENERGY ENABLEMENT, LLC, A PENNSYLVANIA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set  
*my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 27TH  
day of JUNE A.D. 2011*

*Jesse White*

<b>Transaction Result:</b>			
<b>Date/Time:</b>	Monday, June 27, 2011/11:48:59 AM PDT		
<b>Merchant ID:</b>	110815	<b>Total Amount:</b>	\$ 539.75
<b>Transaction Type:</b>	CC SALE	<b>ConvFee Amount:</b>	\$ 14.75
<b>Response Type:</b>	A	<b>Response Code:</b>	A01
<b>Response Description:</b>	APPROVED	<b>Authorization Code:</b>	196651
<b>ATM Verify Result:</b>		<b>Details:</b>	
<b>Trace Number:</b>	461663BD-EAEC-41FA-B380-E241D0AB40C5		

<b>Payment Info:</b>	
<b>Customer Name:</b>	Mark A Nuzzo
<b>Company Name:</b>	energy enablement
<b>Payment Method:</b>	Credit Card: AMER
<b>Last 4 digits:</b>	*****1007
<b>File No.:</b>	03579557
<b>Wallet ID:</b>	

<b>Contact Info:</b>		
<b>Company Name:</b>	SOS/BS LIMITED LIABILITY	
<b>Street Name:</b>		
<b>Street Name 2:</b>		
<b>City:</b>		
<b>State:</b>	<b>Postal Code:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>	
<b>Customer Service:</b>	217-782-4696	

Account Holder/Authorization Signature \_\_\_\_\_