

Form **LLC-45.5**
 May 2012
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

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

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

FILE #
 This space for use by Secretary of State.

SUBMIT IN DUPLICATE
 Type or Print Clearly.

This space for use by Secretary of State.
 Filing Fee: \$500
 Penalty: \$
 Approved:

1. Limited Liability Company Name: American Power Partners 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: Delaware

4. Date of Organization: 11/15/2010

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.)

<u>8205 Main Street</u>	<u>Suite 11</u>	
Number	Street	Suite #
<u>Buffalo, New York 14221</u>		
City,State		ZIP Code

7. Registered Agent: InCorp Services, Inc.

	<u>InCorp</u>	<u>Services</u>	<u>Inc.</u>
	First Name	Middle Name	Last Name

Registered Office: 901 S 2nd St, Ste 201

<u>901 S 2nd St, Ste 201</u>	<u>Springfield,</u>	<u>Illinois</u>	<u>62704-7909</u>
(P.O. Box alone or c/o is unacceptable.)	Number	Street	Suite #
	City		Zip Code

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

EXHIBIT A

1/2

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: Alternative retail supplier of
electricity.

10. The Limited Liability Company: (check one)

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

Robert J. Kreppel

8205 Main Street

Suite 11

Buffalo, NY 14221

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

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 country 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: 7/8/2013

Month, Day, Year



Signature

Robert J. Kreppel, President/Manager

Name and Title (type or print)

Manager

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.