F24000004310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24-113490

Office Use Only



800431047798

2024 AUG 12 FM 1:51

2024 AUG 12 PM 12: 33

APT TO YEU

199 15 2024 K. Brumbles



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2024

FLORIDA FILING

SUBJECT: PRISTINE INVESTMENTS INC.

Ref. Number: W24000113490

We have received your document for PRISTINE INVESTMENTS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P99000026747.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 124A00017252

14 PM 1:50

www.sunbiz.org

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/12/2024

NAME: ENERGY TREK SOLAR LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:		tration Section on of Corporations					
SUBJ	ECT:	Pristine Investments Inc.					
5020		Name	of corporation	ı - must	include suffix		
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Star	nding'' a	nd check are sub		
Please	return :	nll correspondence concerni	ing this matter	r to the	following:		
Tiffany	C Nyir	i Powell					
			Name of	Person			
Pristine	e Investi	nents Inc.					
			Firm/Con	npany	<u>-</u> -		
98 E. C	Grand Bl	vd					
			Addr	ess			
Corona	, CA 92	879					
			City/State a	nd Zip	code		
tiffany(@alg4lo	ans.com					
		E-mail address	: (to be used	for futur	e annual report n	otification)	
For fur	ther inf	ormation concerning this m	natter, please o	call:			
Tiffany C Nyiri Powell			909	772	-7936		
	Name	e of Person	Area Cod	le	-7936 Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		
Please t		check for the following amoved payable to: FLORIDA DI ng Fee	EPARTMENT g Fee &	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ts (FL) Inc.							
e in Florida, enter alternate comorate name ad-							
ne unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
3.	20-4205733						
inder the law of which it is incorporated)	(FEI number, if applicable)						
incorporation)	(Date of duration, if other t	than perpetual)					
	z, r.S., to determine penaity habin	1y)					
	-4411						
(r-incipal office	sireer address)						
(Current mailing)	address if different)						
(Canoni maning	addition, in differently	202					
address of Florida registered agent: (P.O. I	Box NOT acceptable)	2024 AUG					
	,	6 T.					
		72 高					
155 Office Plaza Drive, 1st Floor		PM 12: 33					
Tallahassee	Florida 32301	72:					
(City)	(Zip code)	$\mathcal{L}_{\mathcal{L}}^{\mathcal{L}}$ $\mathcal{L}_{\mathcal{L}}^{\mathcal{L}}$					
·	•	·					
	of process for the above stated	d corporation at the place					
oplication, I hereby accept the appointmen	nt as registered agent and agre	ee to act in this capacity. I					
		te performance of my dutie.					
un una accept the obligations of my posit	ion us regisierea ageni.						
Discourse							
riease see attached.							
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 orona, CA 92879 (Principal office (Current mailing and the second sec	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability orona, CA 92879 (Principal office street address) (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) (City) Tallahassee (City) T					

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS									
□ Chairman .	Name:	□Chairman	Name:						
□Vice Chairman	Address: 98 E. Grand Blvd	□Vice Chairman	Address:						
 □Director	Corona, CA 92879	□Director							
■ President		□President							
□Vice President		□Vice President	- <u>-</u>						
☐ Secretary	□Treasurer	☐ Secretary		☐ Treasurer					
Other	Other	Other		Other					
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address: 98 E. Grand Blvd	□Vice Chairman	Address:						
□Director	Согопа, СА 92879	□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	Treasurer	□Secretary		□Treasurer					
■Other	Other	□Other		□Other					
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	□Secretary		□Treasurer					
□Other	Other	□Other		Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Tiffany Nyiri Digitally signed by Tiffany Nyiri Date: 2024.08.08-15:40:52-07:00' Signature of Director or Officer									

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tiffany C Nyiri Powell - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/13/2024

ENTITY NAME: Pristine Investments (FL) Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: PRISTINE INVESTMENTS INC.

Entity No.: 2865409 **Registration Date:** 01/25/2006

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 July 31, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 233747934

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.