

CK#5000041424

Deposit Number

Deposit Date

DEC 22 2023

000689

Amnt: \$500.00

Date: 12/15/23

KU

APPLICATION

COPY

This is an application for (check one):

Original certificate (new company)

DKT # 20230138

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

FPL Energy Services, Inc.

2. The Florida Secretary of State corporate registration number:

K25207

3. F.E.I. Number: 65-0064000

4. Structure of organization:

The company will be operating as a:
(Check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other, please specify below: |

If a partnership, provide a copy of the partnership agreement. N/A

If a foreign limited partnership, proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS). The Florida registration number is: N/A

5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: Inna Weintraub
Title: Director of Regulatory Strategy and Analysis
Street Address: 700 Universe Boulevard
Post Office Box: _____
City: Juno Beach
State: Florida
Zip: 33408
Telephone No.: 561-694-3591
Fax No.: _____
E-Mail Address: Inna.Weintraub@fpl.com

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: William H. Davidson
Title: Director, Strategic Initiatives
Street Address: 700 Universe Boulevard
Post Office Box: _____
City: Juno Beach
State: Florida
Zip: 33408
Telephone No.: 561-640-2588
Fax No.: _____
E-Mail Address: William.Davidson@nexteraenergy.com
Company Homepage: www.nexterainfrastructuresolutions.com

(c) Optional secondary point of contact or liaison:

(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

Name: Lauren Romero
Title: Senior Manager, Fiber Development and Project Manager
Street Address: 700 Universe Boulevard
Post Office Box: _____
City: Juno Beach
State: Florida
Zip: 33408
Telephone No.: 772-353-1863
Fax No.: _____
E-Mail Address: Lauren.Romero@nexteraenergy.com