Entity# : 6589494
Date Filed : 08/06/2017
Pedro A. Cortés
Secretary of the Commonwealth

## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Document will be re Samuel Adjangb	eturned to the name and	address entered below.	Foreign	1 Registrat	tion Statement	
Name 19 Bryce Canyor	Road			(rev. 2/20	,	
Address Howell	NJ	07731				
City	State	Zip Code		412		
Read all instruc	tions prior to comple	ting. This form may be su	bmitted online	at https://ww	w.corporations.pa.	gov/.
Fee: <b>\$\$250</b> .00	I quali	fy for a veteran/reservist-own	ned small business	s fee exemption	n (see instructions)	
		irements of the applicable foreign association hereb		5 Pa.C.S. § 4	412 (relating to for	reign
1. The type of ass	ociation is (check on	ly one):				
Business Corp	oration L	imited Partnership		Busine	ss Trust	
Nonprofit Con	poration	imited Liability (General	) Partnership	Profess	ional Association	٠
X Limited Liabi	lity Company 🔲 L	imited Liability Limited !	Partnership			•
Advisors Ener	gy Group LLC  2 does not contain a	eign association as register or required designator or ler which the association i	if the name in 2	is not availe	able for use in the	
3. The jurisdiction	n of formation:	נא				<u> </u>
The street and	mailing address of th	e association's principal	office.		:	
PO Box 3108,		Linde	n .	NJ	07036	
Number and st	rect	City		State	Zip	
	I mailing address of t f formation in that ju	the office, if any, required	l to be maintain	ed by the law	v of the association	l's ·
125 Locust St.,	•	Harris	sburg .	PA	17101	
Number and stre	at	City		State	RECE	IVE

SEP 1 4 2017

## DSCB:15-412-page2

5. The (a) address of the association's registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

)						····	
Numb	er and street	City	OR	State	<b>Zip</b>	County	
o) c/o: UI	RS AGENTS, LLC			Dauphi	n		
N	ame of Commercial Registered Office Provide	ÈT		Coun	ity		
Check on	e of the following:			, ,	•		
The asso	ciation may not have series.			•	,		
The asso	ciation may have one or more series.						
Effective (following)	date of registration of foreign associa	ition (check	, and if ap	propriate ex	omplete,	one of the	
The Fore	ign Registration Statement shall be e	ffective up	on filing is	n the Depart	tment of	State.	
The Fore	eign Registration Statement shall be o	effective on				at	
•			, D	ate (MM/DD/	YYYY)	Hour (if any)	
service(s	•		•		_		
service(s The asso following	ciation is a restricted professional ling professional service(s): (If this box is	nited liabili	ty compan	y organized	l to rend elds belo	er one or more of the must be checked	
service(s The asso following Chirops	ciation is a restricted professional ling professional service(s): (If this box ractic Dentistry	nited liabili is checked,	ty compan one or mo	y organized ne of the fie	l to rendelds belo	er one or more of the must be checked	
service(s The asso following Chirops Optome	ciation is a restricted professional ling professional service(s): (If this box ractic Dentistry Ostcopathic medicine an	nited liabili is checked,	ty compan one or mo	y organized ne of the fie	l to rendelds belo	er one or more of the must be checked	
service(s  The asso following Chirops	ciation is a restricted professional ling professional service(s): (If this box is actic Dentistry Ostcopathic medicine an	nited liabili is checked,	ty compan one or mo	y organized ne of the fie	l to rendelds belo	er one or more of the must be checked	
service(s The asso following Chiropa Optome Psychol	ciation is a restricted professional ling professional service(s): (If this box ractic Dentistry Ostcopathic medicine an	nited liabilities checked, d surgery	ty compan one or mo Law Podiat	y organized re of the fic ric medicin	l to rend elds belo N eF	er one or more of the must be checked Medicine and surger Public accounting	
service(s The asso following Chiropa Optome Psychol TESTIMO and by a da	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	y organized re of the fic ric medicin	l to rendelds belo	er one or more of the must be checked Medicine and surger Public accounting	
service(s The asso following Chiropa Optome Psychol TESTIMO	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine MY WHEREOF, the undersigned assertion is a restrict professional line.	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	y organized are of the fie aric medicin his Foreign	l to rendelds belo	er one or more of the must be checked Medicine and surger bublic accounting tion Statement to be 2017	
service(s The asso following Chiropa Optome Psychol TESTIMO and by a da	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine MY WHEREOF, the undersigned assertion is a restrict professional line.	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	y organized are of the field aric medicin this Foreign of August Advisors E	l to rendelds belo	er one or more of the work be checked Medicine and surger bublic accounting tion Statement to be 2017	
service(s The asso following Chiropa Optome Psychol TESTIMO	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine MY WHEREOF, the undersigned assertion is a restrict professional line.	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	y organized are of the field aric medicin this Foreign of August Advisors E	l to rendelds belo	er one or more of the work be checked Medicine and surge Public accounting tion Statement to be 2017	
service(s The asso following Chiropa Optome Psychol TESTIMO ned by a da	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine MY WHEREOF, the undersigned assertion is a restrict professional line.	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	y organized are of the fic ric medicin his Foreign of August Advisors E	l to rend elds beloh eF Registra mergy G	er one or more of the work be checked where and surger bublic accounting tion Statement to be 2017	
service(s  The asso following  Chiropa Optome Psychol TESTIMO	ciation is a restricted professional ling professional service(s): (If this box is ractic Dentistry Osteopathic medicine and logy Veterinary medicine MY WHEREOF, the undersigned assertion is a restrict professional line.	nited liabilities checked,  d surgery  cociation has	ty companione or mo Law Podiat	ny organized re of the field ric medicin his Foreign of August Advisors E	l to rendelds belowed Figure F	er one or more of the work be checked Medicine and surge Public accounting tion Statement to be 2017	

Ivisors Energy Group, LLC O. BOX 3108 nden, NJ 07036

CO.OO

Origin: 07702 Destination: 17120 0 Lb 0.90 Oz Sep 14, 17

3370950702-08

1006

## PRIORITY MAIL #2-Day

Expected Delivery Day: 09/16/2017

**USPS TRACKING NUMBER** 



9505 5158 3911 7257 1535 43

commonwealth of Pennsylvania PA Public Utility Commission 400 North Streets

Harrisburg, PA

AHN. Diane Jacob

