F17000003934

(Re	questor's Name)	. <u>.</u>		
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

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ECKLIAKT OF STATE ALLABASSEE, FLORID

S. WARREN JUN 2 9 2017

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Q2Power Technologies, I	Inc.	•		
	Nar	me of corporatio	n - must include suffix		
Dear Sir or M	adam:				
"Certificate of		cate of Good Sta	r Authorization to Transanding" and check are sules in Florida.		
Please return	all correspondence conc	erning this matte	er to the following:		
Christopher No	:lson				
		Name of	Person		
Q2Power Tech	nologies, Inc.				
		Firm/Cor	npany	,	
420 Royal Palr	л Way, #100				
		Addı	ress		
Palm Beach, F.	L 33480				
		City/State	and Zip code		
chris@q2powe					
	E-mail add	ress: (to be used	for future annual report	notification)	
For further in	formation concerning thi	is matter, please	call:		
Stacy Krampat		954	, 991-5421		
Name	e of Person	at (Area Co	de Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS:		
Division of Corporations			Registration Section Division of Corporations		
Clifto	n Building		P.O. Box 6327		
	Executive Center Circle nassee, FL 32301		Tallahassee, I	FL 32314	
Enclosed is a	check for the following	amount:			
□ \$70.00 Fill	_	iling Fee & [\$78.75 Filing Fee & Certified Copy	□ \$87.50 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.

(Enter name of	of corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
"Inc.," "Co.,"	"Corp," "Inc," "Co," or "Corp.")			
(If name unav	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)	
2. Delaware	20-1602779			
(State or cou	tte or country under the law of which it is incorporated) (FEI number, if applicable)			
4. 08/26/2004	5.	perpetual		
(E			ın perpetual)	
6	017			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 420 Royal Pa	alm Way, #100, Palm Beach, FL 33480			
/·	(Princip	al office address)		
	(Current mailin	g address, if different)	76. 7	
		•		
8. Name and st	treet address of Florida registered agent: (P.C	D. Box NOT acceptable)	75. 75.	
Name:	Christopher Nelson			
Office Address	420 Royal Palm Way, #100		## II: 0F \$1/ 5, FL00	
	Palm Beach	, Florida	NIE RIDA	
	(City)	(Zip code)		
Having been n	agent's acceptance: camed as registered agent and to accept servi			
	his application, I hereby accept the appointn to comply with the provisions of all statutes r			
	m familiar/with and accept the obligations of		perjormance of my	
	Christopher Nelson	-		
			•	
	- Juni	· 		
	(Registered a	igent's signature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to 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.

11. Names and business addresses of officers and/or directors:

A. DIRE	CCTORS					
Chairman:	Kevin Bolin					
Address:	420 Royal Palm Way, Suite 100					
	Palm Beach, FL 33480					
Vice Chair	rman;					
Address:						
Director:	Joel Mayersohn					
Address:	420 Royal Palm Way, Suite 100					
	Palm Beach, FL 33480					
Director:	Scott Whitney					
Address:	420 Royal Palm Way, Suite 100	ALC	17 J			
	Palm Beach, FL 33480		_¥_2	الت		
B. OFFI	CERS	SEE.	ω m	[1] [
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Christopher Nelson, Chief Executive Officer	<u> </u>	<u>x</u>			
Address:	420 Royal Palm Way, Suite 100		ယ္အ			
	Palm Beach, FL 33480					
Vice Presi	dent;					
Address:						
Secretary:						
Address:						
Treasurer:						
Address:						
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	l/or dire	ctors.			
12	Signature of Director or Officer					
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.					
13. Chris	topher Nelson, Chief Executive Officer					
	(Typed or printed name and capacity of person signing application)					

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "Q2POWER TECHNOLOGIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "Q2POWER TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202701338

Date: 06-13-17

3847491 8300 SR# 20174729680