B/11/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

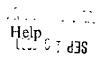
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

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FOREIGN PROFIT/NONPROFIT CORPORATION GP JOULE PV USA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu



PPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

GP JOULE PV	USA, INC.							
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY,"	" "CORI	PORATI	ON,"			
(If name unavaila	ible in Florida, enter alternate corporate name a	adopted for the p	оигроse o	f transac	ting busin	ess in F	lorida)	
Delaware	3	99-0365775	9-0365775					
(State or country 04/29/2011	y under the law of which it is incorporated)		-		applicable			
(Date	(Date	(Date of duration, if other than perpetual)						
	eet, Suite 101A, Toronto, ON M6K 3J1	g address, if diff	ferent)					
Name:	C T Corporation System		o o o p i u o i	υ,				
fice Address:	1200 South Pine Island Road				~- 1 :	<u>-</u> .		
	Plantation,	 , Florida .	33324			2 1 21	~~ *** \$	
	(City)	,	(Zip co	ode)			, , , , , , , , , , , , , , , , , , ,	
iving been nam signated in this rther agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r amiliar with and accept the obligations of	elative to the p	roper a	nd com	nlete per	C-0 426 423	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
By	COMMUNICATION Syste		stine	Kelm	-Asst.	Sec	retar	

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.

(Registered agent's signature)

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

A. DIRE	CCTORS
Chairman:	
Address:	
Vice Chai	man;
Address:	
D:	Heinrich Gaertner
	718 University Ave, Suite 210, Los Gatos, CA 95032
Address:	
Director:	
Address:	
B. OFF	ICERS
President:	Ove Petersen
	718 University Ave, Suite 210, Los Gatos, CA 95032
, rodiox,	
	ident:
Address:	
	David Pichard
Secretary	
Address:	
Treasurer	
Address:	718 University Ave, Suite 210, Los Gatos, CA 95032
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12,	
	Signature of Director or Officer
The officer	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes
a third d	egree felony as provided for in s.817.155, F.S.
13. <u>Dav</u>	id Pichard, Secretary
	(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GP JOULE PV USA, 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 ELEVENTH DAY OF SEPTEMBER, A.D.

2020.

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

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

Authentication: 203640417

Date: 09-11-20

4975699 8300 SR# 20207230789