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

TO: Registration Section Division of Corporations				
SUBJECT: Moxie Solar, Inc				
	ame of corporation - n	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certif above referenced foreign corporation	ficate of Good Standin	g" and check are subi		
Please return all correspondence con	cerning this matter to	the following:		
Darcy Garcia				
	Name of Per	son		
Moxie Solar, Inc				
	- Firm/Compa	 ny		
PO Box 703				
	Address			
North Liberty, IA 52317				
	City/State and	Zip code	_	1020
darcy.garcia@moxicsolar.com				020 5
E-mail ad	ldress: (to be used for	future annual report n	otification)	
For further information concerning t	his matter, please call:			哥
Darcy Garcia	at ()	640-0567		ب <u>ب</u>
Name of Person	Area Code	Daytime Teleph	none Number	— თ
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 Tallahassee, FL 32314		
	DA DEPARTMENT OF Filing Fee &	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

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.

L. Moxie Solar, Inc				
	orporation; must include "INCORPORATED," " "rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)	
2. Iowa	3. 4	3. 46-2174163		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. 2/18/2013	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6. 8/01/2020				
	treet, North Liberty, IA 52317 (Principal office	street address)		
PO Box 703, No	rth Liberty, IA 52317 (Current mailing a	ddress, if different)		
 Name and street 	address of Florida registered agent: (P.O. I		1020 ST	
Name:	InCorp Services, Inc.	·	<u>-</u>	
Office Address:	17888 67th Court North		Mi 9:	
	Loxahatchee	, Florida <u>33470</u>	S 5	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joanna Fernandez on behalf of InCorp Services, Inc.

(Registered agent'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.

A. DIRECTORS				
☐ Chairman	Name: _lason Hall	□Chairman :	Name:	
□Vice Chairman	Address: PO Box 703	□Vice Chairman	Address:	
□Director .	North Liberty, IA 52317	□Director		
□President		☐President .		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
₩Other <u>CEO</u>	Other	Other		Other
□Chairman □Vice Chairman	Name:		Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	Other	<u>, — -</u> -	□Other
□Chairman	Name:	□Chairman		120
□Vice Chairman	Address:	☐ Director		ر٠ -
Director		□President		→ •
□President				. بو
□Vice President		□Vice President		☐Treasurer
□Secretary	☐ Treasurer	☐ Secretary		□Other
Other	Other	□Other		LJOHner
Important Notice individuals may l	be added to the index when filing your Florida Departure of Direct	mem of State /smear		purposes only. Non-indexed
The officer or dishe is aware that s.817.155, F.S.	rector signing this accument thin who is three in nor alse information submitted in a document to the De	uper 11 above) affirms partment of State const	that the facts sit itutes a third deg	ited herein, are true and this ke gree felony as provided for in
13. Jason Ha	all. CEO (Typed or printed name and capacity of r	person signing applicati	on)	

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 7/16/2020

Name: MOXIE SOLAR, INC (490 DP - 451943)

Date of Incorporation: 2/18/2013

Duration: PERPETUAL

- 1, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

SEATT WE 3:3

Certificate ID: CS195978

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State



August 12, 2020

DARCY GARCIA P O BOX 703 NORTH LIBERTY, IA 52317 US

SUBJECT: MOXIE SOLAR, INC Ref. Number: W20000087919

We have received your document for MOXIE SOLAR, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 220A00015116

RECEIVED
SEP 1 4 2020