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(Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
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#### **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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### 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.

"Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Delaware  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions, Inc.  (City)  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa of the proper and complete performance of methods.	(Enter name of co	orporation: must include "INCORPORATED	)," "COMPANY," "CORPORATION,"	
Clate of incorporation   SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability				
Courset mailing address   Current mailing address   Florida   Tallahassee   City)   City   City   Florida   City   City				
Course   Springs   Current mailing address   Springs   Current mailing address   Springs   Cuty				
(State or country under the law of which it is incorporated)  (Date of country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions, Inc.  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa of the agree to comply with the provisions of all statutes relative to the proper and complete performance of my del am familiar with and accept the obligations of my position as registered agent.	(If name unavaila	ible in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florid	da)
(Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Cite SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions. Inc.  (City)  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa arther agree to comply with the provisions of all statutes relative to the proper and complete performance of mid I am familiar with and accept the obligations of my position as registered agent.	Delaware	3	·	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  [Name and Street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions, Inc.  [Street Address: 155 Office Plaza Dr. Suite A Tallahassee	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  11643 Telegraph Road, Santa Fe Springs, CA 90670  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A  Tallahassee . Florida 32301 (City)  (City)  Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa of the agree to accomply with the provisions of all statutes relative to the proper and complete performance of me d I am familiar with and accept the obligations of my position as registered agent.	12/7/2020	5	Perpetual	
(Date first transacted business in Florida. if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  11643 Telegraph Road, Santa Fe Springs, CA 90670  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions. Inc.  155 Office Plaza Dr. Suite A  Tallahassee . Florida 32301  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa of the statutes relative to the proper and complete performance of metal am familiar with and accept the obligations of my position as registered agent.	(Date	of incorporation)	(Date of duration, if other than perpetual)	
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Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A	11612 Talagraph		1502, F.S., to determine penalty hability)	
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A	11043 Telegraph		(1.1) -T1	
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A		(Principal of	.hee <u>street</u> address)	
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A				
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A		(Current mail	ing address, if different)	77.
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A	Nome and stress	• addrson of Florida continued and of D	O. Book NOT and a 110	Ų.
Name: Registered Agent Solutions, Inc.    155 Office Plaza Dr. Suite A	Name and stree		O. Box <u>NOT</u> acceptable)	
Tallahassee  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capa rther agree to comply with the provisions of all statutes relative to the proper and complete performance of mand I am familiar with and accept the obligations of my position as registered agent.	Name:	Registered Agent Solutions, Inc.		
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Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the assignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa rther agree to comply with the provisions of all statutes relative to the proper and complete performance of mand I am familiar with and accept the obligations of my position as registered agent.		Tallahassee	32301	
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Adam Saldana, Assistant Secretary	-			
Adam Saldana, Assistant Secretary		<i>f</i>	- Per	
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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.

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

#### DocuSign Envelope ID- 48F25A78-024D-4023-83CB-97E5C2AA6526

A. DIRECTORS						
□Chairman	Name: Anil Paryani	□Chairman	Name: Geoff Eisenberg			
□Vice Chairman	11643 Telegraph Road	□Vice Chairman	Address: 11643 Telegraph Road			
■ Director	Santa Fe Springs, CA 90670	Director	Santa Fe Springs, CA 90670			
President		President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
Other	□Other	Other	Other			
□Chairman □Vice Chairman □Director □President	Name: Michael Rice  11643 Telegraph Road  Address: Santa Fe Springs, CA 90670	□Chairman □Vice Chairman ■Director □President	Name: Kurt Kelty  11643 Telegraph Road  Address: Santa Fe Springs, CA 90670			
□Vice President		□Vice President				
<b>■</b> Secretary	□Treasurer	☐ Secretary	□Treasurer			
■Other	Other	□Other				
□Chairman □Vice Chairman ■Director □President □Vice President	Name: Lionel Selwood  Name: 11643 Telegraph Road  Address: Santa Fe Springs, CA 90670	□Chairman □Vice Chairman ■Director □President □Vice President	Name: Alex Moore  Address: 11643 Telegraph Road  Santa Fe Springs, CA 90670			
☐Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other COO	□Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Michael Rice  Co-Founder, Chief Strategy Officer  (Typed or printed pages and constitute forms signing carellington)						

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTO MOTIVE POWER 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 THIRTY-FIRST DAY OF JANUARY, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTO MOTIVE

POWER INC." WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D.

2020.

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

Authentication: 202616580

Date: 01-31-23