

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BATES ELECTRIC INCORPORATED

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LAUREN FAYE SCHMIDT

Name of Person

BATES ELECTRIC INC.

Firm/Company

P.O. BOX 100

Address

IMPERIAL, MO 63052

City/State and Zip code

LAURENS@BATES-ELECTRIC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN FAYE SCHMIDT at (636) 464-3939

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

13 OCT 23 PM 2:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. BATES ELECTRIC, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BATES ELECTRIC SERVICE & TECHNOLOGY, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSOURI

(State or country under the law of which it is incorporated)

3. 43-1615893

(FEI number, if applicable)

4. JULY 16, 1992

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2006 SIERRA PARKWAY, ARNOLD, MO 63010

(Principal office address)

P.O. BOX 100 IMPERIAL, MO 63052

(Current mailing address)

8. PERFORM ELECTRICAL INSTALLATIONS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

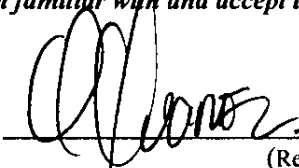
Name: OSLAY XUAREZ

Office Address: 15315 SW 106 TERRACE, APT. 414

MIAMI, Florida 33196
(City) (Zip code)

10. 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.



(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: CHRISTOPHER J. BATES

Address: P.O. BOX 100 IMPERIAL, MO 63052

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHRISTOPHER J. BATES

Address: P.O. BOX 100 IMPERIAL, MO 63052

Vice President: _____

Address: _____

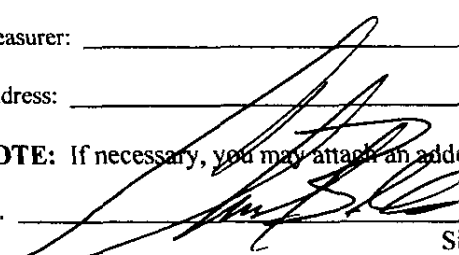
Secretary: CHRISTOPHER J. BATES

Address: P.O. BOX 100 IMPERIAL, MO 63052

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. CHRISTOPHER J. BATES PRESIDENT/CEO

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**BATES ELECTRIC, INC.
00368766**

was created under the laws of this State on the 16th day of July, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 18th day of October, 2013

A handwritten signature in cursive script that reads "Jason Kander".

Secretary of State

