P21000006906

(R	Requestor's Name)		
(A	(ddress)		
—— (A	address)		
(C	City/State/Zip/Phone #)		
PICK-UP	MAIL MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	o Filing Officer:		





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SECRETARY OF STATE VLI AHASSEE, FI TABLE A

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COVER LETTER

	tration Section ion of Corporation	s			
SUBJECT:	BE Power Equipme				
SUBJECT.		Name of corporation	- must	include suffix	
Dear Sir or M	adam:				_
"Certificate o	f Existence," or "C	oreign Corporation for Certificate of Good Star ation to transact busine	iding" a	nd check are submi	Business in Florida," tted to register the
Please return	all correspondence	concerning this matter	to the	following:	
Eryn Kelly					
		Name of	Person		
BE Power Equ	ipment USA, Inc				
		Firm/Con	npany		
PO Box 721					
		Addr	ess		
Sumas, WA 9	8295				
		City/State a	ınd Zip	code	
erynk@bepres					
	E-ma	iil address: (to be used	for futu	re annual report no	tification)
For further in	formation concern	ing this matter, please	call:		
Eryn Kelly		at (⁶⁰⁴	850-6662		
Nam	ne of Person	Area Coo	le	Daytime Telepho	one Number
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		
Enclosed is a Please make c	ling Fee 🔲 \$7	ORIDA DEPARTMEN'	□ \$78 .′	TATE 75 Filing Fee & ified 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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting busin	ess in Florida)	
Delaware	3 87	3 87-3260497		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 25, 2021	_)_		<u></u>	
(Date	of incorporation)	(Date of duration, if other than perpetual)		
January 1, 2022				
5483 Leeper Driv	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 e West Palm Beach, FL 33407	orida, if prior to registration) , F.S., to determine penalty liability)		
	(Principal office	street address)	<u> </u>	
PO Box 721 Sun	•			
	(Current mailing a	ddress, if different)	SECRETARY ALL AHASSE	
			6777	
Name and stree	t address of Florida registered agent: (P.O. E	Box NOT acceptable)	AH I	
. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	AM IO: 1 OF STATE S. FLORID	
Name:		Box <u>NOT</u> acceptable) —	AM IO: OF STATE E. FLORIDA	
	David Megathlin	Box NOT acceptable)	AM IO: OF STATE E. FLORIDA	

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.

(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:	□Chairman	Name:		
☐ Vice Chairman	Address: PO Box 721 Sumas, WA 98295	□Vice Chairman	Address:		
□Director		□Director			
President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	Other		□Other	
□ Chairman	Rory Bjarnason	□Chairman	Name:		
	PO Box 721	□ Vice Chairman	Address:		
Director	Sumas, WA 98295	□Director			
□President		□President			
		□Vice President			
■ Secretary	Treasurer	□Secretary		□Treasurer	
□Other	Other	□Other		□Other	
	David Megathlin	_			
□ Chairman	Name: David Megathlin	□ Chairman			
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Sccretary	■ Treasurer	☐ Secretary		Treasurer	
□Other	Other	Other		□Other	
individuals may be	Use an attachment to report more than Aix (6). The attace added to the index when filing your Florida Department	chment will be image nt of State Annual R	ed for reporting pure eport form.	irposes only. Non-indexed	
12	Signature of Director o	r Officer			
she is aware that f s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart ason, Secretary	r 11 above) affirms t ment of State constit	hat the facts stated utes a third degree	d herein are true and that he or e felony as provided for in	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BE POWER EQUIPMENT 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 SIXTEENTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BE POWER EQUIPMENT USA, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2021.



Authentication: 204702898

Date: 11-16-21