

F02000005134

Requester's Name
Address
City/State/Zip Phone #

Office Use Only

FILED
OCT 10 PM 4:07
STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **100006875241--8**
-08/02/02--01042--004
2. _____ (Corporation Name) _____ (Document #) *******87.50 *****87.50**
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Service

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Dir
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

BPC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 5, 2002

DAVID R. ROSS, SR.
POWER SERVICES ASSOCIATES, INC.
1120-A CRIPPLE CREEK DRIVE
LAWRENCEVILLE, GA 30043

SUBJECT: POWER SERVICES ASSOCIATES, INC.
Ref. Number: W02000022453

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for POWER SERVICES ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$87.50 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 102A00046660

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Services Associates, Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

David R. Ross, Sr.

(Name of Person)

Power Services Associates, Inc.

(Firm/Company)

1120 A Cripple Creek Dr.

(Address)

Lawrenceville, Ga. 30043

(City/State and Zip code)

For further information concerning this matter, please call:

David Ross

(Name of Person)

at (770) 682-0699 ext. 13

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
02 OCT 10 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned David Ross, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Power Services Associates, Inc
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia,

was duly adopted on October 1, 2002,

Be it resolved, that Power Services Associates, Inc,
(Corporate Name)

organized and existing in the State of Georgia, hereby adopts the name

Power Services Associates Orlando, Inc for use in Florida.

Dated: 10/10/2002

David Ross President
Signature of either Chairman, Vice Chairman or any officer

DAVID R. ROSS
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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.

1. Power Services Associates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/2/96 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 1120 A Cripple Creek Dr., Lawrenceville, Ga. 30043
(Principal office address)
1120 A Cripple Creek Dr., Lawrenceville, Ga. 30043
(Current mailing address)
8. Engineering and Power Generation
(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 or Mail Drop Box **NOT** acceptable)
- Name: Jorgen Winkel
- Office Address: 3010 Cottage Grove Ct
Orlando, FL., Florida 32822
(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.

J.C.W. Ill
(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: David R. Ross, Sr.
Address: 1120 A Cripple Creek Dr.
Lawrenceville, Ga. 30043

Vice Chairman: John Winkel
Address: 3010 Cottage Grove Ct
Orlando, FL. 32822

Director: Jim Keegan
Address: 2002 Wittington Court South
Houston, TX 77077

Director: _____
Address: _____

B. OFFICERS

President: David R. Ross, Sr.
Address: 475 Leggett Dr.
Lawrenceville, Ga. 30043

Vice President: Jim Keegan
Address: 2002 Wittington Court South
Houston, TX. 77077

Secretary: Jorgen Winkel
Address: 3010 Cottage Grove Ct, Orlando, FL. 32822

Treasurer: David R. Ross, Sr.
Address: 1120 A Cripple Creek Dr., Lawrenceville, Ga. 30043

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

13. David R. Ross

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David R. Ross (President & Chairman)

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

FILED
02 OCT 10 PM 5:01
TALLAHASSEE FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K614204
DATE INC/AUTH/FILED: 05/02/1996
JURISDICTION : GEORGIA
PRINT DATE : 07/10/2002
FORM NUMBER : 211

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02 OCT 10 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POWER SERVICES ASSOCIATES, INC.
DAVID R. ROSS
1120A CRIPPLE CREEK DRIVE
LAWRENCEVILLE, GA 30043

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

POWER SERVICES ASSOCIATES, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020710182626277



Cathy Cox

Cathy Cox
Secretary of State