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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECNETARY OF STATE
SECNETARY OF FLORIDA

06 DEC 18 PM 2: 47
DEPARIMENT OF STATE
NIVISION OF CORPORATIONS
TALL AHASSET FLORIDA

D. WHITE DEC 20 2006



IN SERVICE COMPANY.		
ACCOUNT NO. : 07210000032		
REFERENCE : 669279 7443012		
AUTHORIZATION :		
COST LIMIT : \$ 10.00		
ORDER DATE: December 15, 2006		
ORDER TIME : 12:40 PM		
ORDER NO. : 669279-005		
CUSTOMER NO: 7443012		
FOREIGN FILINGS		
NAME: POWER HOME TECHNOLOGIES, INC.		
XXXX QUALIFICATION (TYPE: CO)		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Sara Lea EXT# 2914		

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2006

CSC

ATTN: SARA LEA EXT #2914

SUBJECT: POWER HOME TECHNOLOGIES, INC.

Ref. Number: W06000054398

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

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6933.

Dale White Document Specialist

Letter Number: 006A00071745

RE Sub mid

DEPARTMENT OF STATE OF SIGNS OF COMPARTMENT OF STATE OF S

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.

, POWER HOME	TECHNOLOGIES, INC.	
	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp ")	
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
_ DELAWARE		
(State or country t	under the law of which it is incorporated) 3. (FEI number, if applicable)	
4. 06-29-2004	5. PERPETUOD	
(Date	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6	06-01-07	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607.1502, F S, to determine penalty liability)	
49410-1		
7. 7770-0	G- CAPITAL BIVO RACE16H, Nº 27616 (Principal office address)	
54	The Aspert # 7	~
	(Current mailing address)	4/
11		١
8. Hom	W SECURITY SALES + INSTALLATION 3	ج
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)	ب
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	•
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee , Florida 32301	
	(City) (Zip code)	
Having been name	gent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	
further agree to co	omply with the provisions of all statutes relative to the proper and complete performance of my duties,	
ana 1 am jamiliar	with and accept the obligations of my position as registered agent.	
Cc	prporation Service Company	
В	Cert laterand in	
(-	(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 BROOKHA KEN RALEIGH, NC 27616 Vice Chairman: _ Address: _ Director: Director: __ **B. OFFICERS** President: ERIK RANDES 1 8602-A STAPLES MILL RO. Richmone, UA 23228 Vice President: Address: ___ Secretary: __ Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) BEN BROOKHART

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POWER HOME TECHNOLOGIES, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POWER HOME TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2004.

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

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





Harriet Smith Windson Secretary of State

AUTHENTICATION: 5282918

DATE: 12-15-06

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