

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : DRIVER, MCAFEE, GRIGGS & PEEK, P.L.

Account Number: I20020000137 .Phone : (904)301-1269

Fax Number

: (904)301-1279

FOREIGN PROFIT/NONPROFIT CORPORATION

Spipower, Inc.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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COVER LETTER

TO:	New Filing S	action		第 2
10.	Division of C			SSE
SUBJ	ECT:	Spip	ower, Inc.	
		(Name of corpo	oration - must include suffix	0 95 9
Dear s	Sir or Madam:			
"Certi	nclosed "Applic ficate of Existe of business in F	sation by Foreign Corporation nce," and check are submitted lorida.	n for Authorization to Trans if to register the above refer	sact Business in Florida," enced foreign corporation to
Please	return all corre	spondence concerning this m	natter to the following:	
		J. Jac	ob R. Peek	
		(Nan	ne of Person)	
		Driver, McAfee	e, Griggs & Peek, I	⊃.L.
	•	(Firm	n/Company)	
		One Independ	lent Dr., Suite 120	D
		(Address)	
		Jackson	ville, FL 32202	
	•	(City/S	tate and Zip code)	
			1 -	
For fu	rther informatio	on concerning this matter, ple	ase call:	
	J. Jacob R	. Peek at (9	04) 301-1269	
	(Name of Pe	rson) (A	rea Code & Daytime Telep	hone Number)
	New Filing S Division of C Clifton Build	orporations ing ve Center Circle	New Filing	Corporations 27
Enclos	ed is a check fo	or the following amount:		
\$7 0	.00 Filing Fee	S78.75 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.

(If name unavail	able in Florida, enter alternate corpo	orate name adopted	for the purpose of transacting	g business in Florida)
	Alabama	3	72-1311923	
State or country	under the law of which it is incorpo	orated)	(PEI number, if applicable)	
Dece	mber 14, 1995	5	perpetual	
(Date	e of incorporation)	(Durat	ion: Year corp. will cease to	exist or "perpetual")
		ay 11, 2007	· · · · · · · · · · · · · · · · · · ·	
			a, if prior to registration) ., to determine penalty liabilit	v)
900 Down	towner Boulevard, Su	•	• •	
		office address)		一直道
2542 Willia	ams Boulevard, Kenne	er, LA 70062	<u>2</u> .	AR E
	(Current r	nailing address)		\
	managem	ent services	3 : · ·	21 P 12: 09 ARY OF STATE SSEE, LORID
(Purpose(s) of corporation authorized in home	state or country to	be carried out in state of Flo	rida) 55 is
Name and street	et address of Florida registered a	gent: (P.O. Box	<u>NOT_</u> acceptable)	器 8
Name:	Contega Business S	ervices, LL(2	
ffice Address:	One Independent Dr	., Suite 120	0	
	Jacksonville	.]	Florida 32202 (Zip code)	
	(City)	,	(Zip code)	

(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.

and I am familiar with and accept the obligations of my position as registered agent.

12. Nan	nes and business addresses of officers and/or directors:		
A. DIR	ECTORS		
Chairman	a:		
Vice Cha	irman:		
		795 738 786 786 786 786	T
		瓷玉	فتنته
Director:	Thomas A. Masilia, Jr.	21	
	2542 Williams Boulevard	Ma D	
	Kenner, LA 70062	1012	
Director		Q. 171.3	
Addenses		· · · · · · · · · · · · · · · · · · ·	
Address.			
	ICEDS		., .
B. OFF	CERS		
	Thomas A. Masilla, Jr.	·	
Address:	2542 Williams Boulevard	·	į.
	Kenner, LA 70062		
Vice Presi	ident:		
Secretary:	Guy M. Cheramie		
Address:	DEAD INCOME Deadless I IX		
	Guy M. Cheramie		: _
Address:	2542 Williams Boulevard, Kenner, LA 70062		
1401000.	<u> </u>		
OTE: 1	If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.	
3	Angrer a Masella		
	(Signature of Director or Officer lister in number 12 of the application)		
4	Thomas A. Masllla, Jr., President		
	(Typed or printed name and capacity of person signing application)		

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Scal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate and literal copy of articles of incorporation of SPIPOWER, Inc., as received and filed in the office of the Secretary of State of Alabama on December 19, 1995, showing the date of incorporation as December 14, 1995, the date said instrument was filed in the office of the Judge of Probate of Mobile County.

SECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

05/01/07

Date

Beth Chapman

Beth Chapman

Secretary of State