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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: PER Cinne On 1/22 - Correct #'S 4 + Le.			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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COVER LETTER

TO: New Filing Sec Division of Co				
SURJECT. MAC	Tec Power Finc	-		
	(Name of corpor	ration - must include suffix)		
Dear Sir or Madam:				
	tion by Foreign Corporation ce," and check are submitted orida.			
	pondence concerning this ma	atter to the following:		
F	mne Miller			
		e of Person)		
	Martec Power, 5	Inc.		
	(Firm	/Company)	· · ·	
	588 Mason Rue Fairport My (City/St	ad		
	(A	Address)		
	tairport ny	14410		
	(City/St	ate and Zip code)		
For further information	concerning this matter, plea	se call:		
Anne Mill	er at (58	5, 820-le30	13	
(Name of Pers	on) (Ar	ca Code & Daytime Teleph	none 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:			
☐ S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 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 SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	TED TO	
1. Matter twee, the components include "INCORPORATED," "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	s in Florida	<u>u)</u>
2. New York (State or country under the law of which it is incorporated) 3. 5U-2328534 (FEI number, if applicable)		_
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. March 4, 2003 5. perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "		_
	'perpetual'	')
6. (Date first transacted business in Florida, if prior to registration)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 388 Mason Road Fairport NY 14450 (Principal office address) 388 Mason Road Fairport MY 14450 (Current mailing address)		
(Principal office address)		
388 Mason Ruad Fairport My 14450		
(Current mailing address)		
8. PC pawer Salls and Sand (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	10,	SEC
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2	TARET.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	22	ARY SSE
Name: Andrew Morris	PH	
Office Address: 149 Dakview Circle	12: 00	NAT S
	0	D.M.
Lake Mary FL 32746, Florida 32746 (City) (Zip code)		
(City) (Zip code)		
10. Registered agent's acceptance:	dina na di	a nlava
Having been named as registered agent and to accept service of process for the above stated corporal designated in this application, I hereby accept the appointment as registered agent and agree to act is		
further agree to comply with the provisions of all statutes relative to the proper and complete perforn	nance of i	my duties,

- 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:

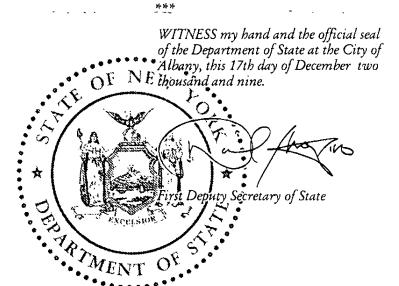
and I am familiar with and accept the obligations of my position as registered agent.

A. DIRECTORS Chairman: ___ Address: ___ Vice Chairman: Address: Director: ___ Address: Director: Address: _ **B. OFFICERS** President: Mark Miller Vice President: 🔍 Secretary: Danus A Address: 388 Maxm load; Fairport My 14450 Treasurer: Mark Miller Address: 588 Maxem Road; Fairport My 14450 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) Mark Milu-Pres. (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MAETEC POWER, INC. was filed on 03/14/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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