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COVER LETTER

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TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: SCHERIFF ELECTRIC INC.
Name of corporation - must include suffix

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JOHN T. SCHERIFF

Name of Person

SCHERIFF ELECTRIC INC.

Firm/Company

P.O. Box 153, 32 KEIL LN.

Address

STUYVESANT FOLLS, N.Y. 12174

City/State and Zip code

SCHERIFFELECTRIC@G.MAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T. SCHERIFF

Name of Person

at (518) 799-2232

Area Code & Daytime Telephone 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:

☐ \$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

**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. SCHERIFF ELECTRIC INCORPORATED
(Enter name of corporation; must 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 in Florida)

2. NEW YORK 3. 141762108
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 21ST, 1993 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. 32 KEIL LN, P.O. Box 153, STUYVESANT FALLS, N.Y. 12174
(Principal office address)

32 KEIL LN. P.O. Box 153, STUYVESANT FALLS, N.Y. 12174
(Current mailing address)

8. PARTIAL RELOCATION
(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 NOT acceptable)

Name: JOHN T. SCHERIFF

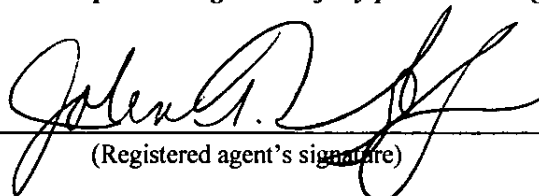
Office Address: 1968 ALTAMONTE WAY

THE VILLAGES, Florida 32162
(City) (Zip code)

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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.


(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: JOHN T. SCHERIFF

Address: 32 KEIL LN, P.O. Box 153, STUYVESANT FALLS NY 12174

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN T. SCHERIFF

Address: 32 KEIL LN, P.O. Box 153, STUYVESANT FALLS, NY 12174

Vice President: SAME

Address: _____

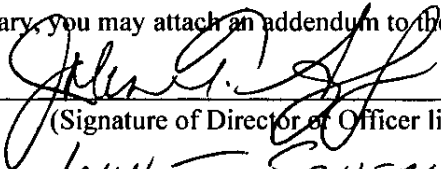
Secretary: SAME

Address: _____

Treasurer: SAME

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN T. SCHERIFF
(Typed or printed name and capacity of person signing application)

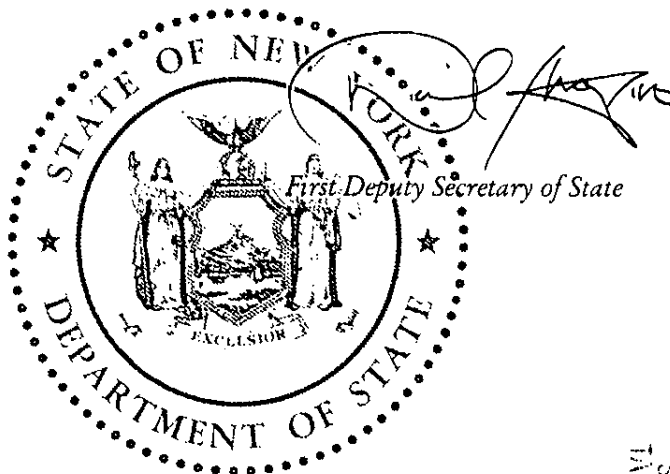
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SCHERIFF ELECTRIC, INC. was filed on 05/24/1993, 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.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of May two
thousand and ten.*

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TALLAHASSEE, FLORIDA

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