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COVER LETTER

TO:

TO: New Filing Section Division of Corporations	
SUBJECT: MANAGEMENT SYSTEMS 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:	
JAMES DAVIS	
Name of Person	
UNITED CRS	
Firm/Company	
327 HOLLOW CREEK LN	
Address	
HAVANA, FL 32333	
City/State and Zip code	
cc@unitedcrs.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JAMES DAVIS at(850) 322-7117 智氣 足	7
Name of Person 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 \$\ \text{Certificate of Status}\$ \$78.75 Filing Fee \$\ \text{Certified Copy}\$\$ 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,	(Enter name of co	NT SYSTEMS ELECTRIC, INC. orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			-			
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	ness in	Florida)			
2.	NORTH CAR	OLINA	3.	56-1615365						
	(State or country	under the law of which it is incorporated)	,	(FEI number, if applicable	;)		-			
4.	05/19/1988		5.	PERPETUAL						
	(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perp	etual")	_			
6.	UPON REG	ISTRATION								
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)						
7.	5243 DAVE	BRIGHT RD, TURKEY, NO	2	28393						
(Principal office address)										
	5243 DAVE	E BRIGHT RD, TURKEY,	N	C 28393	~ r					
(Current mailing address)										
8.	Any and all	I lawful business					m			
	(Purpose(s)) of corporation authorized in home state o	r cc	ountry to be carried out in state of Florida)	(P)	2				
9.	Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)		P	m			
	Name:	UNITED CRS		<u>. </u>	STA	£:	0			
0	ffice Address:	327 HOLLOW CREEK LN				õ				
		HAVANA		, Florida 32333						
		(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.

(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: ____ Address: ___ Vice Chairman: Address: Address: Director: _ B. OFFICERS President: LEWIS CAPPS Address: 5243 DAVE BRIGHT RD **TURKEY, NC 28393** 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 The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. LEWIS CAPPS



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MANAGEMENT SYSTEMS ELECTRIC, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of May, 1988, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of August, 2011.

Elaine J. Marshall

Secretary of State