F12000021079

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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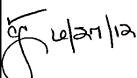
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FILED SECKLIARY OF STATE STYLES YOUR CORPORATIONS

W13000053390

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PowerVerde System	ns, Inc.
	orporation - must include suffix
Dear Sir or Madam:	
	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida.
Please return all correspondence concerning th	nis matter to the following:
John L Hofmann, CPA	
	Name of Person
J.L. Hofmann & Associates, F	P.A
F	Firm/Company
420 S. Dixie Highway, Suite 4	1B
	Address
Coral Gables, FL 33146	
	ry/State and Zip code
john@jlhcpa.com	be used for future annual report notification)
·	•
For further information concerning this matter	
John L Hofmann	305) 666-0024 Area Code & Daytime Telephone Number
Name of Person at (Area Code & Daytime Telephone Number
	27
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 Sta	

PowerVerde Systems Inc.

To: Claretha Golden Fax #: 850-245-6804

From: Cindy Delgado

of pages including cover: 2

Date: June 27, 2012

Phone #: 850-245-6052

Re: PowerVerde Systems Inc. - Certificate of Good Standing

Good Morning Ms. Golden,

As requested, please see the enclosed copy of PowerVerde Systems Certificate of Good Standing from the State of Delaware.

Please do not hesitate to contact us should you require additional information to complete the filing process.

Thanks again for your assistance.

Sincerely,

Cindy Delgado

This facsimile may contain privileged and confidential information and is intended only for the use of the Addressee(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at (305) 666-0024 by collect telephone call. Thank you.

Telephone 305 566-0024



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2012

JOHN F. HOFMANN, CPA 420 S. DIXIE HIGHWAY SUITE 4B CORAL GABLES, FL 33146

SUBJECT: POWERVERDE SYSTEMS INC.

Ref. Number: W12000033890

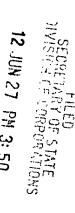
We have received your document for POWERVERDE SYSTEMS INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 112A00017303



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. PowerVerde		
	orporation; must include "INCORPORAT" orp," "Inc," "Co." or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. Delaware		3. 26-0250747
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 03/09/2007		5. Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
5. 01/01/2012		
	(Date first transacted busine	ss in Florida, if prior to registration)
7505 5 0	(SEE SECTIONS 607.1501 & 60	7.1502, F.S., to determine penalty liability)
_{7.} 7595 E Gra	(SEE SECTIONS 607.1501 & 60 y Road Suite 2 Scottsdale,	7.1502, F.S., to determine penalty liability) AZ 85260
	(SEE SECTIONS 607.1501 & 60 ny Road Suite 2 Scottsdale, (Principal office	7.1502, F.S., to determine penalty liability) AZ 85260 address)
	(SEE SECTIONS 607.1501 & 60 ny Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora	AZ 85260 address) al Gables, FL 33146
	(SEE SECTIONS 607.1501 & 60 ny Road Suite 2 Scottsdale, (Principal office	AZ 85260 address) al Gables, FL 33146
420 S. Dix	(SEE SECTIONS 607.1501 & 60 ny Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing	AZ 85260 address) al Gables, FL 33146 address)
420 S. Dix	(SEE SECTIONS 607.1501 & 60 Ty Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing) gement office is located in	7.1502, F.S., to determine penalty liability) AZ 85260 address) al Gables, FL 33146 address) Florida
420 S. Dix	(SEE SECTIONS 607.1501 & 60 Ty Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing) gement office is located in	7.1502, F.S., to determine penalty liability) AZ 85260 address) al Gables, FL 33146 address) Florida
420 S. Dix The mana (Purpose(s	(SEE SECTIONS 607.1501 & 60 Ty Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing gement office is located in) of corporation authorized in home state of	AZ 85260 address) al Gables, FL 33146 address) Florida or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
420 S. Dix The mana (Purpose(s)) Name and street Name:	(SEE SECTIONS 607.1501 & 60 ay Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing gement office is located in) of corporation authorized in home state of the address of Florida registered agent: (AZ 85260 address) al Gables, FL 33146 address) Florida or country to be carried out in state of Florida) (P.O. Box NOT acceptable) ts, Inc.
420 S. Dix The mana (Purpose(s)) Name and street	(SEE SECTIONS 607.1501 & 60 Tay Road Suite 2 Scottsdale, (Principal office ie Highway, Suite 4B Cora (Current mailing) gement office is located in) of corporation authorized in home state of the address of Florida registered agent: United States Registered Agent	AZ 85260 address) al Gables, FL 33146 address) Florida or country to be carried out in state of Florida) (P.O. Box NOT acceptable) ts, Inc.

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 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:	FILED SECRETARY OF STATE
A. DIRECTORS	DIVISION OF CORPURATIONS
Chairman:	12 JUN 27 PM 3: 50
Address:	
Vice Chairman:	
Address:	
Director: Richard Davis	
Address: 8365 S.W. 168th Terrace	
Miami, FL 33157	
Director:	
Address:	
B. OFFICERS	
President: Bryce Johnson	
Address: 7595 E Gray Rd Suite 2	
Scottsdale, AZ 85260	
Vice President:	
Address:	
C	
Secretary:	
Address:	
Treasurer:	
Address:	in additional officers and/or diseases
NOTE: If necessary you may attach an addendum to the application list	ing additional officers and/or directors.
13. Signature of Director or Offic	

third degree felory as provided for in s.817,155, F.S.



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "POWERVERDE SYSTEMS, 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 TWENTY-FIFTH DAY OF JUNE,
A.D. 2012.

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.

12 JUN 27 PH 3: 50

4314410 8300

120772289

You may verify this certificate online at corp. delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9668128

DATE: 06-25-12