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	(Requestor's Name)						
	(Requestor's Name)						
	(Addross)						
	(Address)						
	(Address)						
	(Address)						
	(Cit	y/State/Zip/Phone	#)				
•	PICK-UP	☐ WAIT	MAIL				
	(Business Entity Name)						
	(Do	cument Number)					
Certified	Copies	Certificates	of Status				
Special Instructions to Filing Officer:							

Office Use Only



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01/27/16--01029--007 **78.75

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JAN 2 9 2016 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: POWE	RSMART TECHNO Name			include suffix		
Dear S	ir or Madam:						
"Certif	ficate of Existen		e of Good St	anding" a	nd check are sub	ect Business in Florida," omitted to register the	
Please	return all corres	spondence concerr	ing this matt	er to the	following:		
Jennif	erSiguenza	**************************************					
			Name o	f Person			
POWE	RSMART TECH	INOLIGIES.INC.					
			Firm/Co	mpany			
98541	VestDeanna						
<u> </u>	vesto dallila	······································	Ado	ress			
	. T orono						
Peoria	AZ 85382		City/State	and Zin o	ode:		
			010,701010	ш			
عربمنع ن	oza@telside.co	m E-mail addres	s: (to be used	l for futur	e annual report	notification)	
F 6			`			,	
For fur	ther information	n concerning this r	natter, please	call:			
DonLi	okor		nt (406) E04	0050		
DONL	Name of Person	on	at (406 Area Co		-9958 Daytime Telep	hone Number	
	STREET/CO	URIER ADDRES	SS:		MAILING A	DDRESS:	
Registration Section				Registration Section			
Division of Corporations				Division of Corporations			
Clifton Building 2661 Executive Center Circle				P.O. Box 6327 Tallahassee, FL 32314			
	Tallahassee, F				rananassee, 1	L 32314	
Enclos	ed is a check for	r the following am	ount:				
\$70	0.00 Filing Fee	□ \$78.75 Filir Certificate			5 Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

Montana Venture Law, P.C.

Thomas B. Wells, JD, MBA

Phone: 406-585-7868

Fax: 406-582-0923 wellst@mtventurelaw.com www.mtventurelaw.com

January 26, 2016

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Power Smart Technologies, Inc. Foreign Corporation Certificate of Registration

Dear Sir/Ms:

Enclosed please find the following:

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida
- 2. Certificate of Good Standing
- 3. A check in the amount of \$78.75 (\$8.75 for Certified Copy)

Please file this application at your earliest convenience.

Thank you.

Very <u>Truly</u> Yours,

Thomas B. Wells

Montana Venture Law, P.C.

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.		POWERSMARTTECHNOLGIES INC								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," 'Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")									
	(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)						
2.		3.	46-2078078							
	(State or country	ry under the law of which it is incorporated)	(FEI number, if applicable)							
4.	1/15/2013	5.								
		of incorporation)	(Date of duration, if other than perpetual)							
6.										
		(Date first transacted business in								
		(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability	')						
7	1938SouthAlad	din Street Port SaintLucie, FL 34953								
			al office address)							
	to the same with the same transfer of the same tran	(Current mailing	g address, if different)							
				····						
8.	Name and street	et address of Florida registered agent: (P.O	Box NOT acceptable)							
	Name:	Time lange								
	Name.	Tim lones	non-servatura.	Marie No. 100 Press						
Of	ice Address:	1938SouthAladdin Street								
			rst - 1 1							
		PortSaintLucie (City)	, Florida <u>34953</u> (Zip code)	2 :Z						
		(City)	(Zip code)	Spin Ca)						
_	D									

9. Registered agent's acceptance:

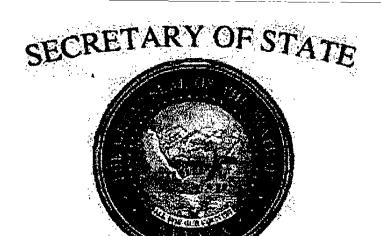
Having been named as registered agent and to accept service of process for the above stated corporation at the place de: ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du ies, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Cha.rman: Doplucker Address: 2408ParCT RozemarMT 59715 Vie: Chairman: Address: Dir ctor: Tim lones Add ress: 1938SouthAladdin Street Port Saint Lucie, FL 34953 Director: Mike Fuller Address: 1565Lucy Drive Dubuque IA 52002 **B. OFFICERS** President: Tim lones Address: 1938SouthAladdin Street Port Saint Lucie, FL 34953 Vice President: Don Lucker Address: 2408ParCt BozemarMT 59715 Secretary: JenniferSiguenza Ad Iress: <u>Q854\MestDeannaPeoria A7 85382</u> Treasurer: JenniferSiquenza Ad Iress: Q854WestDeannaPeoria AZ 85382 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. mes Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **POWER SMART TECHNOLOGIES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 15, 2013, and is in good standing in this state.

Tame Co.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on January 22, 2016.

Ballons K. Cegerste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160122-0829
You may verify this electronic certificate
online at http://www.nvsos.gov/