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(Requestor's Name)								
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Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								





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COVER LETTER

TO:	Registration Sec Division of Corp								
CUDI		R SOURCE INC							
SUBJ	ECT:	Name o	of corporation	ı - must i	nclude suffix				
Dear S	Sir or Madam:								
"Certi	nclosed "Application of Existence referenced foreign	," or "Certificate	of Good Star	nding" aı	nd check are sul			"	
Please	return all correspo	ondence concerni	ng this matte	r to the f	ollowing:				
LAUR	A TYSON						733	, D	
A1 SO	LAR SOURCE INC	Y	Name of	Person			2	· 完	7
			Firm/Con	npany				<u> </u>	•
4480 (GENERAL DEGAU	LLE DR. STE 113		1 3			,	:::::: 	•
			Addr	ess			7	102	
NEW	ORLEANS, LA 70	131							
		_	City/State a	ınd Zip c	ode				
ltyson(@alsolarsource.com								
		E-mail address	: (to be used	for futur	e annual report	notification)		
For fu	rther information o	concerning this m	atter, please	call:					
LAUR	A TYSON		504	312-	9678				
	Name of Person		Area Cod) le	Daytime Telep	ohone Numb	er		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	sed is a check for t	he following amo \$78.75 Filing Certificate o	g Fee &		Filing Fee & ed Copy	Certi	0 Filing Fe ficate of Si fied Copy		č

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

17

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. A1 SOLAR SOURCE INC (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) LOUISIANA 47-1640320 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) _____ 5. ____ (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4480 GENERAL DEGAULLE DR. STE 113, NEW ORLEANS, LA 70131 (Principal office address) 2525 HOLLYGROVE ST, NEW ORLEANS, LA 70118 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PIERRE HARDING Name: 17623 SW 47TH ST Office Address: MIRAMAR (City) 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 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.

10. 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.

(Registered agent's signature)

ierre Harding

11. Names and business addresses of officers and/or directors: A. DIRECTORS **DELEON TYSON** Chairman: 4480 GENERAL DEGAULLE DR, STE 113 Address: NEW ORLEANS, LA 70131 LAURA TYSON Vice Chairman: 4480 GENERAL DEGAULLE DR, STE 113 Address: NEW ORLEANS, LA 70131 Address: _____ Director: _ **B. OFFICERS DELEON TYSON** President: 2525 HOLLYGROVE ST Address: NEW ORLEANS, LA 70118 LAURA TYSON Vice President: 2525 HOLLYGROVE ST Address: NEW ORLEANS, LA 70118 **MALYCA WEATHERS** Secretary: 2315 ANNETTE ST, NEW ORLEANS, LA 70119 Address: Treasurer: 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 11 above) affirms that the facts stated herein

3

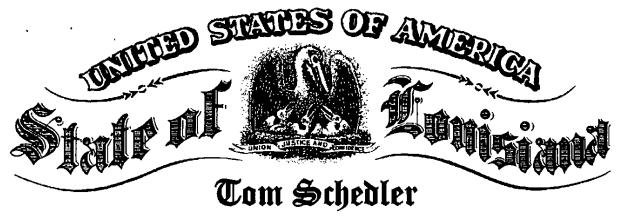
(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

LAURA TYSON, VICE PRESIDENT

13.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

A1 SOLAR SOURCE INC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on August 22, 2014,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 10, 2016

JIMUUUL Secretary of State

Web 41618058D



Certificate ID: 10689804#6DS93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov