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NAME:

SKYELECTRIC, INC

TYPE OF FILING: APPLICATION

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78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	SkyElectric, Inc.			
SOD		corporation	- must include suffix	······································
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate o referenced foreign corporation to tran	f Good Star	iding" and check are subr	
Please	return all correspondence concerning	g this matter	to the following:	
Freder	ick K. Koenen			
		Name of	Person	
Schinn	ner & Shain LLP			
		Firm/Com	ipany	
96 Jes	sie Street			
		Addre	ess	
San Fr	rancisco, CA 94105			
		City/State a	nd Zip code	
koener	n@schinner.com			
	E-mail address: (	(to be used	for future annual report n	otification)
For fu	rther information concerning this mat	ter, please o	call:	
Freder	rick K. Koenen	415 t (	369-9050	
	Name of Person	Area Cod	e Daytime Teleph	none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclos	sed is a check for the following amou	nt:		
<b>□</b> \$7	0.00 Filing Fee S78.75 Filing Certificate of		\$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.

	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
SkyElectric, Inc	c. of Delaware	
(If name unavail Delaware 2.	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida) 46-4373536
	ry under the law of which it is incorporated)  5.	(FEI number, if applicable)
(Dat	e of incorporation)	(Date of duration, if other than perpetual)
590 Reinante Av 7	(SEE SECTIONS 607.1501 & 607.1502 re., Coral Gables, FL 33136 (Principal	office address)
	(Current mailing	address, if different)
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Paracorp Incorporated	Box NOT acceptable)
Office Address:	155 Office Plaza Drive, 1st Floor	PM R. STR. STR. STR. STR. STR. STR. STR. S
-	Tallahassee	
	(City)	(Zip code)

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.

Abulbou Loticia Burleson Asst. Secrety (Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRE	Ashar Aziz
	590 Reinante Ave.
	Coral Gables, FL 33136
Vice Chai	rman:
Address:	
- Dir <del>e</del> ctor:	
Director:	
B. OFFI	ICERS
President:	Ashar Aziz
Address:	590 Reinante Ave.
	Coral Gables, FL 33136
Vice Presi	dent:
Address:	TO PH IT
Secretary:	Ashar Aziz
•	590 Reinante Ave., Coral Gables, FL 33136
Treasurer:	Ashar Aziz
Address:	590 Reinante Ave., Coral Gables, FL 33136
NOTEboo	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The offic are true a a third de	Signature of Director or Officer error director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes begree felony as provided for in s.817.155, F.S. or Aziz, President
13	

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SKYELECTRIC, 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 NINETEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYELECTRIC, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

MAY'S OF STATE OF STA

Authentication: 202350113

Date: 05-19-16

5452559 8300 SR# 20163449219