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OCT 11 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWERSYS, 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:

VINCENT ALLARD, PRESIDENT

Name of Person

CORPOMAX INC.

Firm/Company

2915 OGLETOWN RD

Address

NEWARK, DE 19713

City/State and Zip code

INFO@CORPOMAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT ALLARD

302

266-8200

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$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.*

POWERSYS, INC.

1. _____
(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)

2. DELAWARE 3. 42-1772172
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 17, 2010 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2915 OGLETOWN ROAD, #2661
(Principal office address)

NEWARK, DE 19713

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

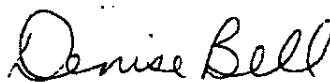
Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(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. DIRECTORS

Chairman: OLIVIER TOURY
2915 OGLETOWN ROAD, #2661
Address: NEWARK, DE 19713

Vice Chairman: _____
Address: _____

Director: VINCENT CAPRON
2915 OGLETOWN ROAD, #2661
Address: NEWARK, DE 19713

Director: BENEDICTE RIOCHE
2915 OGLETOWN ROAD, #2661
Address: NEWARK, DE 19713

B. OFFICERS

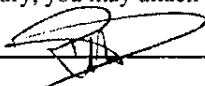
President: OLIVIER TOURY
2915 OGLETOWN ROAD, #2661
Address: NEWARK, DE 19713

Vice President: _____
Address: _____

Secretary: VINCENT CAPRON
2915 OGLETOWN ROAD, #2661, NEWARK, DE 19713
Address: _____

Treasurer: BENEDICTE RIOCHE
2915 OGLETOWN ROAD, #2661, NEWARK, DE 19713
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
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.

13. BENEDICTE RIOCHE, TREASURER

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "POWERSYS, 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 THIRD DAY OF OCTOBER, A.D. 2016.

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

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SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA



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SR# 20166042981

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203100351

Date: 10-03-16