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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042 Phone : (941)706-2336 Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

DWARD@HLWELECTRIC.COM

FOREIGN PROFIT/NONPROFIT CORPORATION HLW ELECTRIC, INC.

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Corporate Filing Menu

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COVER LETTER

TO: Registration Sec Division of Corp							
IILW Elec							
Name of corporation - must include suffix							
Dear Sir or Madam:							
The enclosed "Application "Certificate of Existence above referenced foreign	," or "Certificate of	Good Stand	ding" and check are subm				
Please return all correspo	ondence concerning	this matter Deborah L	_				
	HL	Name of P W ELECTR	*				
	Firm/Company 13541 Marine Avenue						
		Addres Lusby, MD 2					
		lity/State an ard@hlwele					
	E-mail address: (1	to be used fo	or future annual report no	otification)			
For further information of	For further information concerning this matter, please call:						
DEBORAH WARD	st.	301	599-0100		慈夏卫		
Name of Person		Area Code	Daytime Telepho	one Number	25 1		
Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle 32301		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	A 16 WIN 08		
Enclosed is a check for t \$\mathbb{B}\$ \$70.00 Filing Fee	he following amoun \$78.75 Filing F Certificate of S	ee & 🗇	\$78.75 Filing Fee & Certified Copy	S87.50 Filing F Certificate of S Certified Copy	status &		

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. HLW Electric, 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) 52-1552416 Maryland (State or country under the law of which it is incorporated)
1/13/1988 (FEI number, if applicable) (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) 13541 Marine Avenue, Lusby MD 20657 (Principal office address) PO Box 2038 Lusby, MD 20657 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LICENSE EXAM SERVICES, LLC Name: 4713 WEBBER ST Office Address: SARASOTA 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. Υ 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. Robi CM. O'Comor (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.

1). Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address: 13541 Marine Avenue	
Lusby, MD 20657	
Vice President:	
Address: 13541 Marine Avenue	
Lusby, MT) 20657	- m
Secretary:	
Address:	The state of the s
Treasurer:	<u> </u>
Address:	
NOTE: If necessary, you prograttach an addendum to the application listing additional	officers and/or directors.
12. Muland, Presidet	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) at	firms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
Deborah L Ward, President	

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

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM. THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT H.L.W. ELECTRIC, INC., INCORPORATED JANUARY 13, 1988, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO

OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN

ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND. AT BALTIMORE ON THIS APRIL 26, 2017.

Acting Director



301 West Presson Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340: Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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