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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

TO: Registration Section Division of Corporations
_
SUBJECT: SOCIE ENERGY CONVERTED INC. Name of corporation - must include suffix
Name of corporation - must include surfix
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:
DAVID BURROUS
DAVID BURILDUS. Name of Person
(Solar Energy Conventors INC) Firm/Company
Firm/Company
PO BUX 14864
Address
NORTH PALM BEACH FL 33408 City/State and Zip code Mef Denengy 9 acl. Com E-mail address: (10 be be deserted for future annual report notification)
City/State and Zip code
net Devergy (a) aol. com
12-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
7
DAVID BURROUS at (561) 722-3088 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee & S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy 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. (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) (State or country under the law of which it is incorporated)

3. 81 - 47 88 493

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) STREET, WEST PALL BENLE FZ 38407 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: MESTPHAS BEACH, Florida 33407
(City) (Zip code) Office Address: 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 BURROW Vice Chairman: ___ Address: _____ Director: ___ Address: Director: _ Address: ___ **B. OFFICERS** President: MARCUS Vice President: Secretary: ___ Address: ___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Marcia La Burrows 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)



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

DAVID BURROWS

PO BOX 14864

NORTH PALM BEACH, FL 33408

July 25, 2017

Request Type: Certificate of Existence/Authorization

0245342

Issuance Date: 07/25/2017

Copies Requested:

Document Receipt

Receipt #: 003495915

Filing Fee:

\$20.00 \$20.00

Payment-Credit Card - State Payment Center - CC #: 3707385041

Regarding:

Request #:

Solar Energy Converters Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/26/2016

Status:

Active

Duration Term:

Perpetual

Business County: HAMILTON COUNTY

Control #:

880372

Date Formed: 01/01/2017

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Solar Energy Converters Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of them) Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Processed By: Cert Web User

Verification #: 023433933