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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	O: Registration Section						
Division of Corporations							
		tenance and Service, Inc					
SUBJ	IECT:						
		Name of corporation	on - must include s	suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by l ficate of Existence," or " referenced foreign corpo	Certificate of Good St	anding" and check				
	return all correspondenc O Bell	e concerning this mat	er to the following	g:			
	·	Name o	of Person	•			
Transf	ormer Maintenance and Ser						
		Firm/Co	mpany				
PO Bo	x 189		. ,				
			lress				
Newto	on Grove, NC 28366	Add	iress				
		City/State	and Zip code				
micha	elchestnutt@earthlink.net	•	·				
	E-m	ail address: (to be use	d for future annual	report noti	fication)		
For fu	orther information concer	ning this matter, pleas	e call:				
		-					
Renee	O Bell	910	594-1495				
Name of Person		at (at Co		Daytime Telephone Number			
STREET/COURIER ADDRESS:				MAILING ADDRESS:			
Registration Section		•	Registration Section				
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		orations			
2661 Executive Center Circle			Tallahassee, FL 32314				
	Tallahassee, FL 3230		Tana	iassee, i E .	72314		
Enclo	sed is a check for the foll	owing amount:					
S \$7		78.75 Filing Fee & Pertificate of Status	S78.75 Filing Certified Copy		1 \$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. Transformer Maintenance and Service, 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) 56-1962170 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) 10/24/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1392 Massey Rd, Newton Grove, NC 28366 (Principal office address) PO Box 189, Newton Grove, NC 28366 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Business Filings Incorporated Name: 1200 South Pine Island Road Office Address: Plantation _____, 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.

Mit Bau, Ast. Sec. Busines Filings Incorporated (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 William F Outlaw Chairman: PO Box 189 Address: Newton Grove, NC 28366 Vice Chairman: Address: _____ Director: Address: Address: ____ **B. OFFICERS** John W Outlaw PO Box 189, Newton Grove, NC 28366 Address: _ Renee O Bell Vice President: PO Box 189, Newton Grove, NC 28366 Address: Debbie O Pate Secretary: PO Box 189, Newton Grove, NC 28366 Address: Debbie O Pate Treasurer: PO Box 189, Newton Grove, NC 28366 Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. - Rence O. Bell 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. Renee O Bell, Vice President 13. _____

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

TRANSFORMER MAINTENANCE AND SERVICE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of March, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of October, 2018.

Elaine I Marshall

Secretary of State