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Division of Corporations
Fax Number : (850)617-6383

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I2005000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
M&S GREEN-POWER ENERGY, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TRANSMITTAL LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **M&S GREEN-POWER ENERGY, 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", 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:

ROMAN ALBANO

(Name of Person)

CONTRACTORS' REPORTING SERVICE, INC

(Firm/Company)

13795 N NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/State and Zip code)

For further information concerning this matter, please call:

ROMAN ALBANO

(Name of Person)

at (**813**) **932-5244 X 101**

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing 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

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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.

1. **M&S GREEN-POWER ENERGY, INC**

(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. **CA**

(State or country under the law of which it is incorporated)

3. **82-1022466**

(FEI number, if applicable)

4. **03/21/2017**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPO QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. **18750 OXNARD ST #403 TARZANA CA 91356**

(Principal office address)

18750 OXNARD ST #403 TARZANA CA 91356

(Current mailing address)

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

Name: **CONTRACTORS' REPORTING SERVICE INC**

Office Address: **13795 N NEBRASKA AVE**

TAMPA

(City)

Florida **33613**

(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.

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

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

Director: _____

Address: _____

B. OFFICERS

President: **SHIRAN PILO**Address: **18750 OXNARD ST #403****TARZANA CA 91356**

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

(Signature of Director or Officer listed in number 12 of the application)

13. **SHIRAN PILO -PRES**

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

M&S GREEN-POWER ENERGY, INC

FILE NUMBER: C4006524
FORMATION DATE: 03/21/2017
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 16, 2019.

ALEX PADILLA
Secretary of State