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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

Email Address: jbearden@sunelectrical.com

FILED
2020 APR 17 PM 4:50
TALLAHASSEE, FLORIDA
SUN ELECTRIC COMPANY OF TENNESSEE, INC.

RECEIVED

2020 APR 17 AM 9:35

FOREIGN PROFIT/NONPROFIT CORPORATION SUN ELECTRIC COMPANY OF TENNESSEE, INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Help

45 ✓

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN ELECTRIC COMPANY OF TENNESSEE, 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:

JANINE BEARDEN

Name of Person

SUN ELECTRIC COMPANY OF TENNESSEE, INC

Firm/Company

2117 N CENTRAL ST

Address

KNOXVILLE, TN 37917

City/State and Zip code

JBEARDEN@SUNELECTRICAL.COM

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

For further information concerning this matter, please call:

ROBIN O'CONNOR

at (**941**) **706-2336**

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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
DO 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. SUN ELECTRIC COMPANY OF TENNESSEE, 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. TENNESSEE **3. 62-1299041**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/24/1986 **5. _____**
(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. 2117 N CENTRAL ST, KNOXVILLE, TN 37917
(Principal office street address)

2117 N CENTRAL ST, KNOXVILLE, TN 37917
(Current mailing address, if different)

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

Name: **LICENSE EXAM SERVICES, LLC**

Office Address: **4713 WEBBER ST**

SARASOTA **34232**
(City) (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.

[Signature]

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

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☐ Chairman Name: ARTHUR T WALL, JR.

☐ Vice Chairman Address: 2117 N CENTRAL ST

☒ Director KNOXVILLE, TN 37917

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: JANINE BEARDEN

☐ Vice Chairman Address: 2117 N CENTRAL ST

☒ Director KNOXVILLE, TN 37917

☐ President _____

☐ Vice President _____

☒ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: JAMIE OTT

☐ Vice Chairman Address: 2117 N CENTRAL ST

☒ Director KNOXVILLE, TN 37917

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: ROBERT BOB AFFEL

☐ Vice Chairman Address: 2117 N CENTRAL ST

☐ Director KNOXVILLE, TN 37917

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals filing your Florida Department of State Annual Report form.

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. JANINE BEARDEN, CORPORATE SECRETARY & TREASURER

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

(((H20000112757 3)))



Tre Hargett
Secretary of State

Division of Business Services
Department of State

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

ROBIN O'CONNOR
ROBIN O'CONNOR
4713 WEBBER ST
SARASOTA, FL 34232

April 16, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0360618

Issuance Date: 04/16/2020
Copies Requested:

Document Receipt

Receipt #: 005494875

Filing Fee: \$20.00
Processing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3780047211

Regarding: SUN ELECTRIC COMPANY OF TENNESSEE, INC.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 12/24/1986
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 182724
Date Formed: 12/24/1986
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

SUN ELECTRIC COMPANY OF TENNESSEE, 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, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * 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

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