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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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LICENSE EXAM SERVICES  
Account Number : I2012000042  
Phone : (941)706-2336  
Fax Number : (866)473-0571

2020 APR 17 PM 4:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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

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

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

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TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO REGISTER 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. 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

(Date of incorporation)

5.

(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, Florida 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.

[Handwritten 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]:

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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 \_\_\_\_\_

2020 APR 17 11:50  
 TALLAHASSEE, FLORIDA  
 SENATE

ED

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. *Janine Bearden*  
 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)

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**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  
Filing 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:

REC'D  
APR 17 11 41 AM '20  
FILING  
CLERK  
STATE OF TENNESSEE  
JEANETTE A

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

Processed By: Cert Web User

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