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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PUNCH'D ENERGY INC	ORPORATED			
	e of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Sta	nding" and check are sub		
Please return all correspondence conce	rning this matte	er to the following:		
Nancy P.A. Williams				
	Name of	Person		
Karr Tuttle Campbell				
	Firm/Co	npany		
701 Fifth Avenue, Suite 3300				
	Add	ress		
Seattle, WA 98104				
	City/State	and Zip code	_	
nwilliams@karrtuttle.com				
E-mail addre	ess: (to be used	for future annual report	notification)	
For further information concerning this	matter, please	call:		
Nancy P.A. Williams	206	224-8134	Daytime Telephone Number	
Name of Person	Area Co	de Daytime Telep	hone Number	
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check for the following a: Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 Fil Certificate	DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Ápril 28, 2020,

CORPORATE ACCESS, INC.

SUBJECT: PUNCH'D ENERGY INCORPORATED

Ref. Number: W20000041637

We have received your document for PUNCH'D ENERGY INCORPORATED and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 020A00008700

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2828 APR 30 PM 3: 54

Please date first file datubritted

Correct

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.

If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transa	ecting business in Florida)
Delaware	3. 4	7-3995815	
(State or countr	y under the law of which it is incorporated)	(FEI number, i	fapplicable)
April 27, 2020	of incorporation) 5		
(Date	of incorporation) 5	(Date of duration, if otl	her than perpetual)
April 27, 2020			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ıbility)
083 Vista Hermo	osa DR, Melbourne, Florida 32940		
	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
-	(Current mailing a	ddress, if different)	
Name and stree	(Current mailing a taddress of Florida registered agent: (P.O. I		'S (Pai)
Name and <u>stree</u>		Box NOT acceptable)	
Name:	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	t address of Florida registered agent: (P.O. I Universal Registered Agents, Inc 1317 California Street	Box <u>NOT</u> acceptable)	ا بم ﷺ
Name:	t address of Florida registered agent: (P.O. I Universal Registered Agents, Inc 1317 California Street	Box NOT acceptable)	M 27 A
Name; ice Address:	t address of Florida registered agent: (P.O. I Universal Registered Agents, Inc 1317 California Street Tallahassee (City)	Box <u>NOT</u> acceptable)	ا بم ﷺ
Name: ice Address: Registered age	t address of Florida registered agent: (P.O. I Universal Registered Agents, Inc 1317 California Street Tallahassee (City)	Box NOT acceptable) C. 32304 (Zip code)	27 A TE
Name: ice Address: Registered age	t address of Florida registered agent: (P.O. I Universal Registered Agents, Inc 1317 California Street Tallahassee (City)	Box NOT acceptable)	nted corporation at the p

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]:

DocuSign Envelope ID: BB2FC3AC-F966-4908-B761-8668C7A4D050

; A. DIRECTORS Name: ______John Pinelli Deepak Savadatti □ Chairman Chairman Name: 7083 Vista Hermosa DR, Melbour 7083 Vista Hermosa DR, Melbou □Vice Chairman Address: □Vice Chairman Address: ■ Director □ Director President □ President □ Vice President □Vice President ■ Treasurer ■ Secretary □ Secretary ☐Treasurer Other CEO □Other _____ □Other _____ □Other □ Chairman Name: □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President _____ □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other ____ □Other _____ □Other _____ Other ____ Name: Chairman Name: _____ □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director □President □President □Vice President _____ ☐Vice President ☐ Secretary □Treasurer ☐ Secretary □ Treasurer ☐Other ______ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed indiv dust anathe added to the index when filing your Florida Department of State Annual Report form. --- 250FB2738**6**21460 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.

John Pinelli - President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PUNCH'D ENERGY INCORPORATED" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUNCH'D ENERGY INCORPORATED" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202832435

Date: 04-27-20