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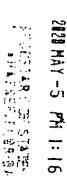
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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MAY 0 8 2020 M. SOLOMON

COVER LETTER

Divis	stration Section sion of Corporations			
SUBJECT	Optimum Electric, Inc.			
50555011	Name	of corporation - r	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Standin	g" and check are submit	Business in Florida." tted to register the
Please return	all correspondence concert	ning this matter to	the following:	
Debbie Perkin	S			
	-	Name of Per	son	
ECS Registere	ed Agent			
		Firm/Compa	ny	
17 Via Silla				
		Address		
Rancho Santa	Margarita, CA 92688			
		City/State and	Zip code	
debbie@ECSI	RegisteredAgent.com			
	E-mail addres	ss: (to be used for	future annual report noti	ification)
For further in	formation concerning this	matter, please call	:	
Debbie Perkins 949			282-3411	
Nam	ne of Person	Area Code	Daytime Telephor	ne 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		
	check for the following an heck payable to: FLORIDA I ling Fee	DEPARTMENT O		■ \$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.

	able in Florida, enter alternate corporate name add		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
July 18, 2019	ā		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		
16892 Gothard St	reet, Suite B. Huntington Beach, CA 92647		
<u></u>	(Principal office	street address)	
	ne, Huntington Beach, CA 92647		
	(Current mailing a	nddress, if different)	- 11-7
-	et address of Florida registered agent: (P.O. l Registered Agents Inc.	Box <u>NOT</u> acceptable)	# #1 9 1 1 1 10 1 1 10 1 1 10 1 1 10 1 1
Name: ffice Address:	7901 4th St N STE 300	<u> </u>	7 (O)
	St. Petersburg (City)	. Florida	183 94 183 94 28
	(City)	(Zip code)	
laving been nam	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated corporati	this capaci

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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	_	,

A. DIRECTORS						
□Chairman	Name: Timothy Parrish	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Huntington Beach, CA 92647	□Director		_ .		
■ President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other CFO	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	6.7) .D- 51?	_
□Chairman	Name:	□Chairman	Name:		17 11 17 44 17 45	MAY -5
□Vice Chairman	Address:	□Vice Chairman	Address:		्रीय	-33
□Director		□Director			C/S	
□President		□President			122 Tr 'br	9
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
individuals may be	Use an attachment to report more than six (6). The attact addyd to the index when filing your Florida Department	chment will be image nt of State Annual Re	d for reporting pr eport form.	urposes only. N	lon-index	.ed
12.	Signature of Director of	r Officer				
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Departr	11 above) affirms the ment of State constitu	at the facts stated stes a third degree	I herein are tru e felony as pro-	e and that vided for	t he or in
Timothy Par	rrish, President/CEO					

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OPTIMUM ELECTRIC

FILE NUMBER: FORMATION DATE:

C4299277 07/18/2019

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 April 21, 2020.

ALEX PADILLA Secretary of State