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200/11/2

COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: Head's Electric In	с.		
SUBJECT.	Name of corporation - n	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Cabove referenced foreign corpor	Certificate of Good Standin	g" and check are submitt	
Please return all correspondence	concerning this matter to	the following:	
	Tammy Miller	·	
	Name of Per	son	
	Head's Electric	Inc.	
	Firm/Compar	ıy	
	2355 Eastside Pa	rk Rd	
	Address		
	Evansville IN	17715	7~3 3. (
	City/State and I	Zip code	
	tmiller@avid-accounting		
E-ma	il address: (to be used for t	future annual report notif	ication) -"
For further information concerni	ing this matter, please call:		
		<u> </u>	
Tammy Miller	at ()	860-9373	 -
Name of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations
-	ORIDA DEPARTMENT OF 3.75 Filing Fee &		\$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.

` '	poration: must include "INCOPPOP ATED"		
me., co., co.,	p," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
C Head's Electric	e Inc.		
(If name unavailab)	le in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	usiness in Florida
Indiana .	3.	20-5082716	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
6/27/2006 5.		Perpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
1/1/2	2021	1	
5802 1	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15) Hilltop Rd, Panama City Beach FL 32408	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	<u> </u>	e <u>street</u> address)	······································
2355	Eastside Park Rd, Evansville IN 47715		
·	(Current mailing	address, if different)	
	address of Florida registered agent: (P.O Christopher Head	. Box <u>NOT</u> acceptable)	
Name:			
office Address:	5802 Hilltop Rd		;
	Panama City Beach	, Florida ³²⁴⁰⁸	, !
	(City)	(Zip code)	 ;
. Registered agen			· :

Having been named as registered agent and to accept service of process for the above stated corporation <u>at</u> 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.

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

A. DIRECTORS	,	•		
□Chairman	Christopher Head Name:	□Chairman	Name: Carol Head	
□Vice Chairman	Address: 5802 Hilltop Rd	□Vice Chairman	Address:	
□Director	Panama City Beach FL 32408	Director	Newburgh IN 47630	
President		□President		
□Vice President		■ Vice President		
Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	Other	□Other	Other	
□Chairm a n	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	÷ •	
			'	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director		□Director	1	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary.	□Treasurer	
Other	Other	□Other	Other	
	Use an attachment to report more than-six (6). The a added to the index when filing your Florida Depar			
17		(/ / 6	/	
14.	Signature of Director	or or Officer		
	ctor signing this document (and who is listed in nun alse information submitted in a document to the Dep			
	Christopher Head			

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

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HEAD'S ELECTRIC, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 27, 2006, and was in existence or authorized to transact business in the State of Indiana on December 08, 2020.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 08, 2020

Corrie Hamon

CONNIE LAWSON
SECRETARY OF STATE

2006062900308 / 20201747819

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on January 07, 2021.