F2100003194

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon-	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	o Filing Officer:	

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'JUN 11 2021 M. SOLOMON



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2021

CSC

RESUBMIT

Please give original submission date as file date.
Original PiU date

6/1/21

SUBJECT: PSILERA INC. Ref. Number: W21000080872

We have received your document for PSILERA INC.. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00, plus \$70.00 for the filing fee, total \$370.00.

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

Mel Solomon Senior Section Administrator

Letter Number: 121A00012166

2021 JUN 10 PH 3:4

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 831765 8021050 AUTHORIZATION COST LIMIT : ORDER DATE: May 26, 2021 ORDER TIME : 8:07 AM ORDER NO. : 831765-015 CUSTOMER NO: 8021050 DOMESTIC AMENDMENT FILING NAME: TERP LIFE LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Sec Division of Cor			
Psilera			
SUBJECT:	N	si a la de la CC	
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		for Authorization to Transact Business in Flor Standing" and check are submitted to register t siness in Florida.	
Please return all corresp Chris Witowski	ondence concerning this ma	atter to the following:	
• •	Name	of Person	
Psilera Inc.			
	F:/	Namaaaaa	<u> </u>
3201 w. Hillsboro		Company	
Tampa, FL, 33614	A	ddress	THE STATE OF
chris@psilera.com		te and Zip code	13.45 14.45 14.55 14.55 14.55 14.55 14.55 14.55 14.55 14.55 14.55 15.55
	E-mail address: (to be us	ed for future annual report notification)	<u></u>
For further information	concerning this matter, plea	se call:	
Chris Witowski	727		
Name of Person	at (n	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 Please make check payable \$70.00 Filing Fee	the following amount: to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Certified Copy Certificate of Certified Co	f Status &

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. Psilera Inc. 1. (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) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3201 W. Hillsborough Ave, #151868, TAMPA, FL 33614 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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

> Register de Company Juanda & Alleman Corporation Service Company

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

DocuSign En:/elope ID: 58C42979-E5BC-4C22-9A90-6705BF4344B8

A. DIRECTORS	Chris Witowski			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 209 Rock Garden Place	□Vice Chairman	Address:	
☑Director	Tampa, FL 33609	□Director		
□President		Dd		
□Vice President		□Vice President		
□ Secretary	☐Treasurer	☐ Secretary		□Treasurer
Other	CEO ☑Other	Other		□Other
□Chairman	Jackie Salm Name:	□ Chairman	Name:	
	309 W. Osborne Ave. Address:			
Director	Tampa, FL 33603	Пр:		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	□Other	Other		Other
⊐Chairman	Scott Rairigh Name:	□Chairman	Name:	□Other
⊒Vice Chairman	310 E Birch Dr. Address:	□Vice Chairman	Address:	
Director	Morrisville, PA 19067	□ Director		: 30 ATE PRO
]President		□President		
OVice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other		□Other		Other
mportant Notice: Undividuals may be	Use an attachment to report more than six (6). T added to the index when films your Florida De	partment of State Annual Re	port form.	
<u> </u>	Signature of Dir	ector or Officer		

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

s.817.155, F.S.

Chris Witowski

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PSILERA INC." 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-EIGHTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSILERA INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2021.

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



Authentication: 203324988

Date: 05-28-21