# F2100005483

(Re	equestor's Name)	
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SEP 23 2021 M. SOLOMON

### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	West Coast Lighting & Energy,	Inc.		
DODALC I.	Name of o	corporation -	must include suffix	<u> </u>
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpo f Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ing" and check are submitt	
Please return	all correspondence concerning	this matter t	o the following:	
Thomas Hazen				
<del></del>		Name of P	erson	<u>-</u>
West Coast Lig	phting & Energy, Inc.			
		Firm/Comp	any	<del></del> -
18550 Minthor	n Street			
		Addres	S	
Lake Elsinore,	CA 92530			
	(	City/State and	d Zip code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
rbonillas@wel	einc.com			
	E-mail address: (t	to be used fo	r future annual report notif	ication)
For further in	formation concerning this matt	er, please ca	II:	
Reina Bonillas	at	951	296-0680	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	check for the following amounted payable to: FLORIDA DEP. ing Fee	ARTMENT (		■ \$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.

	ame of corporation; must include "INCORPORA Co" "Corp." "Inc." "Co." or "Corp.")	TED.	" "COMPANY," "CORPORATION,"	
West C	oast Lighting and Energy Inc			
(If name	unavailable in Florida, enter alternate corporate	name	adopted for the purpose of transacting business in Florida	1)
2. Californ	nia	3	33-0833984	
(State o	nia or country under the law of which it is incorporat	<u></u> 31. ed)	(FEI number, if applicable)	<del>_</del>
4. 12/21/1				
ч	(Date of incorporation)		(Date of duration, if other than perpetual)	_
6. 9/20/20	21			
·	(Date first transacted busi (SEE SECTIONS 607.1501 &	ness i 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
7 18550 M	inthorn Street, Lake Elsinore, CA 92530			
/·		al off	ice street address)	_
			··.	202
	(Current	maili	ng address, if different)	. 8
			مراجع المسترين المستر	SEP 21 #4 2:
8. Name a	and street address of Florida registered agent	: (P.0	O. Box NOT acceptable)	;
N	ame: Paracorp Incorporated		<del></del>	
Office Ad-	drees: 155 Office Plaza Drive. 1st Floor			ٽ د
Office No.			, Florida 32301	Đ3
	(City)		(Zip code)	
Having be designated further ag	I in this application, I hereby accept the apport to comply with the provisions of all state familiar with and accept the obligations of the control of the	ooint utes i ny po		pacity. I
	Leticia Herrera, Assistant S	ecr	etary (please see attached)	
	(Registered ago	nt's s	ignature)	

under the law of which it is incorporated.

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

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

	٠.
	٠.
•	- }

A. DIRECTORS				
Chairman	Johnny Leach Nume:	Chairman	Name: Thomas Hazen	_
□Vice Chairman	Address: 18550 Minthorn Street	□Vice Chairman	Address: 18550 Minthorn Street	_
Director	Lake Elsinore, CA 92530	Director	Lake Elsinore, CA 92530	_
President	<del></del>	□President		_
□Vice President		■Vice President		
Secretary	□Treasurer	☐ Secretary	Treasurer	
Other CFO	Other	■Other CFO	□Other	_
□ Chairman	Tammy Leach	□ Chairman	Name:	
□Vice Chairman	Address: 18550 Minthorn Street	☐Vice Chairman	Address:	
□Director	Lake Elsinore, CA 92530	□Director		
□President		□President		
□Vice President		□Vice President		_
Secretary	Treasurer	☐ Secretary	Treasurer	
□Other	Other	□Other	□Other	
				SEP 2
□ Chairman	Name:	∐Chairman	Name: 17	
□Vice Chairman	Address:	□Vice Chairman	Address:	_::,
□Director		Director	5.24 	2: q3
□President		□President		_
□Vice President		□Vice President		_
Secretary	☐ Treasur <del>e</del> r	Secretary	□Treasurer	
Other	Other	Other	Other	_
Important Notice: I	Use an averenment to report more than six (6). The attanded to the index when filing your Florida Department	achment will be image ent of State Annual Ro	d for reporting purposes only. Non-indexed eport form.	
14.	Signature of Director of	or Officer		
The officer or direct she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numberlise information submitted in a document to the Depar	er 11 above) affirms th tment of State constitu	nat the facts stated herein are true and that he utes a third degree felony as provided for in	01

13. Thomas Hazen, CFO

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: September 17, 2021

ENTITY NAME: West Coast Lighting & Energy, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I. SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

WEST COAST LIGHTING & ENERGY, INC.

File Number: Registration Date: C2041485 12/21/1998

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of September 16, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 September 17, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: R915BJZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="https://doi.org/10.2016/ncertification/index.">het Distribution Verification Verification Search available at <a href="https://doi.org/10.2016/ncertification/index.">het Distribution Verification Ve